

2005 Cooperative Agreement Progress Report (08/31/05-08/30/06)

Privileged Communication

Centers for Disease Control and Prevention

Public Health Emergency Preparedness

Program Announcement AA154

Report Date: 11/30/2006

Grantee: IN

Goal 1: Prevent

Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

Outcome 1A: Emergency response plans, policies, and procedures that identify, prioritize, and address all hazards (using the 15 National Planning Scenarios as a guide to identify or recognize the roles and responsibilities for each jurisdiction/agency) across all functions. All plans are coordinated at all levels of government and address the mitigation of secondary and cascading emergencies.

1A::CT1: Support incident response operations according to all-hazards plan.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59637
Grantee Activity:	<p>The ISDH will partner with the Indiana Department of Homeland Security and will participate with that agency and other state, local and federal agencies for purposes of coordinating planning and response to all hazards events. The IDHS is a new agency in the state encompassing the former State Emergency Management Agency, State Fire Marshal, and Indiana Counter Terrorism Security and Advisory Council. This agency is responsible for coordinating all homeland security activity for the state. The ISDH will work with IDHS and other state agencies in utilizing the Muscatatuck Urban Training Center for planning, training, and the conduct of drills on all of our state's all hazards plans to improve preparedness. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations. The ISDH has identified state public health staff to support emergency response activities for all hazards including pandemic flu planning and response. The ISDH will maintain public health coordinators, epidemiologists, and public information officers in each of ten (10) homeland security districts through the state. This field staff, along with central office emergency response staff, will engage in all hazards planning and coordination of statewide public health response using the National Planning Scenarios, as well as assisting 94 local health departments and their local partners in all hazards planning and coordination of local or district-wide public health response. The ISDH will maintain state laboratory staff including chemists and microbiologists to support laboratory response and surge capacity. The ISDH has developed an emergency operations plan utilizing emergency response and supporting agency personnel. The ISDH will train state public health staff and exercise plans utilizing the ICS within a Department Operations Center and the state's Emergency Operations Center. The ISDH will assist local health departments in identification and training of emergency response staff within their agencies, with development of all hazards emergency response plans for those agencies, and with exercises of those plans. The ISDH will support local health department emergency response planning and activities by maintaining current-year grants supporting local public health coordinators responsible for local and district-wide planning and activities. The ISDH will support local health departments in developing emergency operation plans in the LHD that will</p>

	<p>develop the ability of the LHD to respond to all hazards in coordination with other first responders. The ISDH will support local health departments in identifying local public health personnel with a first response role, in training that personnel to utilize ICS and PPE, and in tracking identification and percentage of first responders that have been trained. The ISDH will offer the on-line NIMS training and public health preparedness courses by maintaining the Learning Management System through contract with the University of Illinois at Chicago, Public Health Preparedness Center which operates the IN - LMS technology. ISDH will provide on-going education and training on all-hazards emergency response through internal staff and in conjunction with external partners such as the MARPHLI Institute (UIC), Indiana University - Department of Public Health, and Indiana University - Mid-America Public Health Training Center. ISDH will provide training to first responders in the proper collection of environmental samples for all hazards. The ISDH will identify and establish a lab safety officer responsible for developing and ensuring an all hazards receiving protocol that protects the laboratory working environment and staff.</p>
Grantee Activity Progress:	<p>ISDH currently partners with the IDHS and attends biweekly meetings of the homeland security work group, and monthly meetings of the Counter Terrorism Security and Advisory Council. The ISDH deployed with IDHS pursuant to both agency's all-hazards planning to respond to Hurricane Katrina. Indiana deployed approximately 500 people over six weeks to Biloxi Mississippi. Indiana deployment included military, state and local police, state and local fire and EMS personnel, forestry, medical, mental health, public health, transportation, corrections, DNR water rescue, and homeland security personnel. Indiana deployment was supported by fully operational 24/7 state EOC staffed continuously by multiple state and federal agency personnel, and NGO personnel, including representatives from FEMA, the US Department of Homeland Security, and the American Red Cross. Indiana deployment included 79 public health and medical staff, and another 30 mental health professionals operating as part of the medical functional area. Indiana deployment, including public health, mental health, and medical functional areas was self-sustaining, utilized a single incident commander under IDHS all hazards response plan, and operated under NIMS structure. The ISDH and IDHS conducted independent AARs of that event. The ISDH conducted its AAR within 30 days of the end of the event, and prepared corrective actions. The ISDH implemented corrective actions within 90 days of the event, including successfully pursuing legislation to facilitate volunteer deployments and legislation to strengthen state and local quarantine procedures and authority. The ISDH has also responded to multiple unknown substance calls, including one at the Indiana Statehouse during a session of the Indiana General Assembly. ISDH responded with other state and local partners pursuant to collaborative all hazards planning involving responding entities. AAR was conducted within seven days of event, and corrective actions noted. Corrective actions implemented and tested. More generally, ISDH emergency response personnel including laboratory and field staff are identified and trained in ICS and NIMS. New staff is trained in NIMS and ICS as they join the agency. ISDH emergency response personnel have exercised the department operations center, during duty hours. DOC operations staff is notified through IHAN or by telephone. Key operations staff is present within 60 minutes of notification, and the DOC is fully operational within 15 minutes of set up. All key staff or backups are capable of staffing DOC within 90 minutes of notification. An off duty DOC exercise is scheduled for first quarter of next grant year. ISDH is currently providing grants to local health departments, supporting 83 out of 94 local health department public health coordinators responsible for emergency preparedness. ISDH is currently offering NIMS training to all state and local public health personnel through the LMS. State and local public health emergency personnel regularly attend biweekly or monthly local and district meetings with emergency response personnel from multiple disciplines and jurisdictions, exchanging contact information and coordinating communication systems. ISDH partnered with the Indiana University School of Public Health, the Indiana University - Mid-America Public Health Training Center, the University of Illinois, and other public/private sector partners to provide training and education to public health staff in all of the 10 Indiana homeland security districts. ISDH partnered with the Indiana Public Health Association to analyze local assessments for local health department competency in all-hazard preparedness. ISDH currently requires that LHDs develop all hazards emergency response plans, including mass prophylaxis planning for pandemic influenza. ISDH has created a mass prophylaxis template and distributed to all 94 local health departments. Eighty-five out of 94 local health departments have submitted revised mass prophylaxis plans, and are currently exercising their plans with other local, state and federal responders. 87 local health departments completed Pandemic Influenza plans. The ISDH has established a lab safety officer position, and that position is currently posted for hiring.</p>
Barriers:	<p>Local Health Departments in Indiana are independent under state law, and are not required to participate in state's overall emergency preparedness activities. Eleven local health departments declined our offer to participate in some or all preparedness funded activity this year. Some lab positions are vacant due to difficulty in hiring candidates qualified at the non-competitive State salary rate.</p>
Evaluation Plan:	<p>Actual all hazard situations that occur are reviewed and after action reviews are conducted, deficiencies are noted and corrected. Exercises of the emergency operations will be conducted to insure that it can meet the established standards of notification of the staff in 60 minutes and to be operational in 90 minutes. The LMS data base is monitored monthly to determine the number of local coordinators and public health staff completing the NIMS and other courses. The ISDH will monitor progress through quarterly progress reviews, after action reports following</p>

	exercises and responses to real events and hoaxes, and through documentation review.
Evaluation Progress:	IHAN is tested weekly. Exercise and event AARs are conducted following all exercises and within 30 days of the exercise. Exercise and event AARs are kept on file and are reviewed. Corrective actions are noted and implemented in subsequent exercises and events. DOC exercised. Notifications occur and acknowledged within 15 minutes, and DOC operation within 90 minutes of notification. LMS monitored monthly. NIMS compliance is tracked through submission and maintenance of certificates of completion. ISDH maintains a tracking form on NIMS compliance.

1A::CT2: Improve regional, jurisdictional, and state all-hazard plans to support response operations in accordance with NIMS and the National Response Plan.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59792
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to identify and train and exercise state public health first responders in ICS using NIMS by providing NIMS training courses and opportunities for training, and requiring all public health first response personnel to take and successfully complete the NIMS IS 700 course. The ISDH will provide local health departments with resources and assistance in employing, identifying, training, and exercising local public health emergency responders in ICS using NIMS training courses and opportunities for training, and requiring all local first response personnel supported by ISDH resources to take and successfully complete the NIMS IS 700 course. The ISDH will offer the on-line NIMS course through the LMS by maintaining a contract with the University of Illinois at Chicago (UIC) Public Health Preparedness Center to manage the technology of the LMS. The ISDH will continue to provide education and training to public health staff through internal means and utilizing external partners such as the MARPHLI Institute (UIC), Indiana University - Department of Public Health, and Indiana University - Mid-America Public Health Training Center. ISDH will require all LHDs receiving preparedness funds to adopt NIMS and the ICS into their all hazards emergency response plans, including mass prophylaxis plans.
Grantee Activity Progress:	The ISDH and the Indiana Department of Homeland Security have provided classroom training in NIMS to state and local public health responders. The ISDH requires all of our state public health first responders to take and become certified in IS 700 NIMS and become familiar with the NRP. The ISDH has provided grants to local health departments with similar requirements. Eighty-three out of 94 local health departments have grants requiring that all preparedness personnel take and successfully complete the IS 700 NIMS course. ISDH includes the IS 700 NIMS course in the LMS. The ISDH partnered with the Indiana University School of Public Health, the Indiana University - Mid-America Public Health Training Center, the University of Illinois, and other public/private sector partners to facilitate education and training of public health staff in ICS and NIMS. All local health departments completed NIMCAST and submitted report to local EMA.
Barriers:	We only have less than 100% completion on this because some local health departments in Indiana are independent of ISDH and are not required to participate in preparedness activities. Eleven local health departments declined grants that would have required NIMS compliance as a condition of the grant. While some of the first response personnel within those departments are taking the NIMS IS 700, we cannot ensure that they all are doing so.
Evaluation Plan:	The all-hazard plans and particularly ICS and NIMS compliance will be evaluated using document review and after-action reporting from exercises, drills, and responses to real events or hoaxes. NIMS compliance will also be evaluated through quarterly progress reports and documentation review. Completion rate by local personnel of the on-line NIMS course through the LMS is monitored monthly.
Evaluation Progress:	The ISDH monitors NIMS compliance if taken through the LMS. LMS monitored monthly. The ISDH tracks NIMS compliance for state and local public health responders. For the current grant year, 159 public health personnel have enrolled in the IS 700 through the LMS, and 93 have completed the course to date. Another 278 state and local public health first responders have otherwise registered for and completed the IS

	700. District Public Health Coordinators worked with all local health departments to complete NIMCAST per Department of Homeland Security guidelines in order to receive DHS funds, had 100% completion
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1A::CT2a: Increase participation in jurisdiction-wide self-assessment using the National Incident Management System Compliance Assessment Support Tool (NIMCAST).

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59769
Grantee Activity:	ISDH will utilize NIMCAST as self-evaluation tool, and will also forward information to health departments for those agencies to use that tool. ISDH will require local health department grantees to use NIMCAST as their self evaluation tool.
Grantee Activity Progress:	The ISDH completed a state NIMCAST assessment and provided that assessment to the Indiana Department of Homeland Security. The ISDH held a state-wide conference for local health department emergency response personnel where NIMCAST was addressed for doing self assessments. The ISDH has distributed other subsequently provided CDC self-assessment materials to local health departments that do not utilize NIMCAST. All local health departments completed NIMCAST and submitted reports to local EMA.
Barriers:	All local health departments are independent of the ISDH and cannot be required to use NIMCAST. The CDC has not provided further guidance or support for use of this tool.
Evaluation Plan:	The ISDH will monitor progress using quarterly progress reports.
Evaluation Progress:	The ISDH completed a jurisdiction wide state NIMCAST assessment. The ISDH introduced this tool to local health departments. The ISDH has otherwise used the different tools provided by the CDC for self-assessments. No further action has occurred on this activity. District Public Coordinators worked with local health departments to complete NIMCAST reports per Department of Homeland Security guidelines in order to receive DHS funding, 100% completion.

1A::CT2b: Agency's Emergency Operations Center meets NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking and information collection, analysis and dissemination

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59646
Grantee Activity:	The ISDH has developed and will maintain a department operation center (DOC) that will tie in all our partners at the state and local levels. The ISDH will maintain a standing seat in the state emergency operations center (EOC) hosted by the Indiana Department of Homeland Security, and will participate in monthly drills of that facility utilizing assigned personnel and/or personnel encompassing public health functional area. ISDH personnel staffing the DOC and EOC will be trained in ICS and NIMS utilizing training coordinated by ISDH, the Indiana Department of

	Homeland Security, or as offered/required by the NIMS Integration Center.
Grantee Activity Progress:	The ISDH has developed an SOP for our DOC that is NIMS compliant, which will enable us to coordinate the activities of all of our players at the state, district and local levels. In conjunction with this we have organized a functional area with hospitals that will support incident epidemiological profiling, pre-hospital care, medical care, mental health, hazard threat/disease containment and mass casualty care. State and local public health staffs have attended training in NIMS sponsored by the Indiana Department of Homeland Security and also sponsored by the ISDH.
Evaluation Plan:	The ISDH will use monthly exercises of the state EOC conducted by the Indiana Department of Homeland Security and will conduct exercises of our DOC that will allow us to evaluate the established standards for 60 minutes for staff notification, 90 minutes for being operational and 3 hours for our hospital plan. We will review after action reports from the monthly exercises of our state's EOC and make adjustments as supported by those reviews.
Evaluation Progress:	The ISDH has established an organizational structure for our DOC that is NIMS compliant. We have exercised the DOC. We have used the DOC in conjunction with the state EOC for exercises and events. See Katrina response activity. We have AARs to support.

1A::CT3: Increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination or prophylaxis.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59751
Grantee Activity:	The ISDH will identify the state public health staff responsible for first response, and develop a program that identifies the PPE that is needed by those personnel consistent with their first response roles. The ISDH will secure appropriate PPE for staff, and provide training and fitting as appropriate. The ISDH will utilize the Indiana Department of Homeland Security as a partner in this effort, including the coordination and actual training of public health personnel. The ISDH will provide local health departments with assistance in identifying and training local public health responders for PPE use appropriate to their response roles. The ISDH will track identification and number of public health personnel appropriate for PPE training, and identification and number of public health personnel that has been trained in use of PPE appropriate for their response roles. The ISDH will utilize internal staff and work with external partners to facilitate the training of local health department staff in the use of PPE.
Grantee Activity Progress:	The ISDH has previously secured limited PPE including respirator masks, suits and gloves appropriate for specific public health functions and emergencies, and has provided limited training to state personnel on that equipment. The ISDH formed a workgroup to identify the PPE needed by the first responders in state and local health departments for all hazards response. This workgroup identified training needs as they apply to the use of the PPE, and established partnerships with state and local agencies to accomplish training for public health personnel requiring PPE as part of their response roles.
Barriers:	The CDC has not provided national guidance for appropriate response roles for public health responders which roles would require use of PPE, and has not identified PPE appropriate for those response roles. Some local health departments are not participating as they are independent of the ISDH and cannot be compelled to do so.
Evaluation Plan:	The ISDH will maintain a tracking system for identifying public health personnel requiring the use of PPE for their response role, and for tracking numbers of personnel that have been trained in PPE appropriate for their response roles. The ISDH will utilize after action reports from exercises and drills, responses to actual events or hoaxes, and documentation review to track information on the training and use of PPE.

Evaluation Progress:	The ISDH and local health departments have identified public health first responders, and have identified and trained those responders in the use of PPE appropriate for those roles. Public Health responder roles are limited to disease investigation and, for laboratory staff, sample handling and analysis. Laboratory staff utilizes and trains on PPE. Local and other state health department staff identified masks, including N-95 masks, gloves, gowns, foot and head protection, and are trained. Some local and state health department personnel have trained in level A hazmat suits for information, but not for response activity. PPE and PPE training is being tracked at the local and state level for personnel at each level.
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1A::CT3a: Have or have access to a system that maintains and tracks vaccination or prophylaxis status of public health responders in compliance with PHIN Preparedness Functional Area Countermeasure and Response Administration.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59856
Grantee Activity:	The ISDH will further develop and upgrade the PHIN. The ISDH will update its smallpox vaccination registry and enter the information in the PHIN.
Grantee Activity Progress:	We have fully implemented a web-based system for tracking vaccinations provided to children in Indiana, the Children and Hoosier Immunization Registry Program (CHIRP). As part of our PHIN certification approach, the Public Health Preparedness Division is working with the ISDH Immunization Program to modify CHIRP to support tracking of vaccinations and antiviral distribution during a pandemic. We are modifying the SNS application to provide distribution information. The Immunization Program has participated in the three most recent pandemic influenza exercises and has utilized CHIRP to track antiviral and vaccine distribution in those exercises. We completed the analysis on the modifications we need to make to support both these needs and PHIN Certification requirements. We have formed the team and will address this in the next grant year.
Evaluation Plan:	The ISDH will monitor progress through documentation review and quarterly progress reports.
Evaluation Progress:	We have met with the Immunization Program to assess tracking systems options. This work will inform our acquisition of a solution. The ISDH has developed a web-based system for tracking vaccinations provided to children in Indiana, the Children and Hoosier Immunization Registry Program (CHIRP). The Public Health Preparedness Division is working with the ISDH Immunization Program to assess the feasibility of modifying CHIRP to support tracking of vaccinations and antiviral distribution during a pandemic. The Immunization Program has participated in the three most recent pandemic influenza exercises and has utilized CHIRP to track antiviral and vaccine distribution in those exercises. We completed the analysis on the modifications we need to make to achieve PHIN Certification requirements. We have formed a team and will address this in the next grant year.

1A::CT4: Increase and improve mutual aid agreements, as needed, to support public health response.

Est. Completion Date:	08/30/2006
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Percent Complete:	51% - 75%
Grantee Activity Id:	59819
Grantee Activity:	The ISDH will participate in biweekly meetings with representatives from the Indiana Department of Homeland Security, the Indiana Counter Terrorism and Security Council, the Indiana State Police, and other state agencies responsible for emergency response and statewide planning and response. The ISDH will establish agreements with state agencies on sharing and allocation of resources, and coordination of response. The ISDH will maintain a seat pursuant to state statute on the Indiana Counter Terrorism and Security Council and will meet monthly with state, federal and local partners also maintaining seats on that council for purposes of planning and coordinating a state response to an all hazards emergency. The ISDH will support the establishment of District Planning Councils, one in each of the 10 multi-county homeland security districts in the state. These councils will be responsible for, among other things, establishing regional mutual aid agreements among the jurisdictions and disciplines making up the councils. The ISDH will support local health departments to employ personnel responsible for entering into mutual aid and other resource sharing agreements to support an all hazards response in local jurisdictions. The ISDH will support biweekly conference calls among all of the 94 local health departments in the state to discuss and plan for resource sharing in the event of a public health emergency. ISDH will support education activities on the development and utilization of Mutual Aid Agreements.
Grantee Activity Progress:	ISDH currently hosting biweekly conference calls with all 94 local health departments, and participating in biweekly meetings with state agencies making up homeland security work group, and participating in monthly CTASC meetings chaired by the Lt. Governor related to information and resource sharing, and coordinated planning and response. ISDH currently supporting establishment of District Planning Councils. The Indiana Department of Homeland Security currently working to establish 10 councils and coordinate inaugural meetings of those planning bodies. ISDH has current written agreements with the Indiana Department of Mental Health and Addiction, the Indiana Department of Homeland Security, the Counter Terrorism and Security Council, for information and resource sharing. The ISDH more recently entered into formal written agreements with the Indiana State Police and the Indiana Department of Transportation for resource sharing to support delivery and security of the SNS throughout the state of Indiana. The ISDH currently maintains agreements with local health departments requiring departments to identify needs for mutual aid in local jurisdictions, establish partnerships, and establish written agreements. Eighty-three out of 94 local health departments are currently establishing or have established written mutual aid agreements with local partners pursuant to these grants. Local health department responders are meeting regularly with key partners within the 10 homeland security districts to work on information and resource sharing. The ISDH has completed an inter-local agreement with the City of Cincinnati, Ohio, for resource sharing with between that city and Indiana counties within that CRI jurisdiction.
Barriers:	Local Health Departments are independent of the ISDH, and some are not participating in this activity. The Governor gave the Indiana Department of Homeland Security responsibility for establishing District Planning Councils (DPCs), and the ISDH is now in a supporting role. The IDHS is currently holding meetings with would-be council partners, but formal DPCs have not been established (although every homeland security district does have an informal group that is meeting at least monthly).
Evaluation Plan:	The ISDH will monitor mutual aid requests and support through exercises and drills, response to actual events or hoaxes, and through documentation review. The ISDH will monitor District Planning Councils progress in establishing mutual aid agreements among disciplines and jurisdictions within each district, and between districts.
Evaluation Progress:	The ISDH has collected quarterly progress reports from 83 local health departments regarding their progress in establishing mutual aid agreements with other partners. The ISDH maintains copies of its own written agreements with other entities. Some mutual aid does not occur pursuant to written agreements. The ISDH was one of a half dozen state agencies that participated in Operation Hoosier Relief, providing six weeks of assistance and approximately 500 personnel to Mississippi following Hurricane Katrina. Those resources were coordinated within Indiana by the IDHS without a written agreement among entities, and with Mississippi pursuant to the Emergency Management Assistance Compact. The ISDH sponsored legislation this term that establishes Mobile Support Units comprised of state and local, public and private personnel for emergency response within or outside of the state. Teams are currently being formed pursuant to that legislation, standing operating procedures have been written for the deployment of those teams. Formal training of those teams will be contacted next grant year.

1A::CT5: Increase all-hazard incident management capability by conducting regional, jurisdictional and State training to: Include the Emergency Management Independent

Study Program, IS 700, "National Incident Management System: An Introduction" in the training plan for all staff expected to report for duty following activation of the public health emergency response plan and/or staff who have emergency response roles documented in their job descriptions.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59796
Grantee Activity:	The ISDH will develop a train the trainer program and, in partnership with the Indiana Department of Homeland Security, provide training and exercise support to state and local public health first responders in ICS and NIMS. The ISDH and its training partner will provide public health responders with NIMS training courses and opportunities for training, and will require all state public health first response personnel to take and successfully complete the NIMS IS 700 course. The ISDH will provide local health departments with resources and assistance in training and exercising local public health emergency responders in ICS using NIMS training courses and opportunities for training, and requiring all local first response personnel supported by ISDH resources to take and successfully complete the NIMS IS 700 course. ISDH will submit course materials for a NIMS-Public Health course to the NIMS Integration Center for certification. Upon certification of the course by the NIC, ISDH will develop and implement a train the trainer program for central office and district field staff, which will then provide on-going NIMS-Public Health training to local jurisdictions. The ISDH will establish a tracking system to document those state and local first responders that have successfully completed the IS 700 NIMS course examination. The ISDH will offer the on-line NIMS training and public health preparedness courses by maintaining the Learning Management System through contract with the University of Illinois at Chicago, Public Health Preparedness Center which operates the IN - LMS technology.
Grantee Activity Progress:	The Indiana Department of Homeland Security has hosted regional training in ICS and NIMS, and each of those trainings has included state and local public health personnel. Additional training courses are being planned by that agency. The ISDH contracted for and conducted development and training of a one-day NIMS course with an emphasis on public health. Students were also encouraged to take the NIMS IS 700 examination. The ISDH has requested that all local health departments identify first response personnel and require that personnel to take and complete the NIMS IS 700 course, and has made that recommendation a requirement of its grants to local health departments for the next budget year. The ISDH offers the on-line NIMS training and public health preparedness courses as part of the Learning Management System through contract with the University of Illinois at Chicago, Public Health Preparedness Center which operates the IN - LMS technology.
Barriers:	We only have less than 100% completion on this because some local health departments in Indiana are independent of ISDH and are not required to participate in preparedness activities. Eleven local health departments declined grants that would have required NIMS compliance as a condition of the grant. While some of the first response personnel within those departments are taking the NIMS IS 700, we cannot ensure that they all are doing so.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reviews and documentation reviews. Reviews will seek to track the number and percentage of state and local public health first responders that have successfully completed the IS 700 NIMS course.
Evaluation Progress:	The ISDH monitors NIMS compliance if taken through the LMS. LMS monitored monthly. The ISDH tracks NIMS compliance for state and local public health responders. For the current grant year, 159 public health personnel have enrolled in the IS 700 through the LMS, and 93 have completed the course to date. Another 278 state and local public health first responders have otherwise registered for and completed the IS 700.

1A::CT6: Provide support for continuity of public health operations at regional, State, tribal, local government, and agency level

Est. Completion Date:	08/30/2006
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Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59770
Grantee Activity:	<p>The ISDH will maintain positions created for public health preparedness and emergency response activities to supplement the existing public health workforce. These positions include program directors and coordinators, including district field staff deployed to do emergency response planning and response activities, epidemiologists for surveillance and disease control, laboratory and environmental health staff, crisis communications staff, and support personnel for these functions. The ISDH will maintain office space and equipment and supplies support for this public health preparedness staff. This staff will perform ongoing activities related to planning, surveillance and response, and to handle surge capacity for exercises, response to actual events, and response to hoaxes, thereby mitigating surge on public health workforce and permitting the agency to maintain essential services during an event. The ISDH will designate secondary responders from existing public health workforce to support event-related surge. The ISDH will support grants to local health departments to allow those agencies to hire staff for emergency response planning and preparedness activities, and to provide office space and supplies for that dedicated staff, so as to mitigate surge on the local public health workforce and permitting agency to maintain essential services during an event. The ISDH will establish an alternative site for agency operations in the event that a public health emergency impairs operations at its principal place of business. The ISDH will develop and maintain redundant servers and communications linkages to continue agency operations. The ISDH will utilize district field staff and district offices to support local health department operations in the event of a public health emergency impairing the ability of those agencies to function. The ISDH will support local public health coordinators to work within their agencies and local jurisdictions to identify and develop alternative operations plans. The ISDH will support the development of District Planning Councils within each of the state's 10 Homeland Security Districts for purposes of planning and coordinating response and operations at a regional level. The ISDH will participate in a state Bio Terrorism Advisory Committee developed to ensure continuity of effort at the state level.</p>
Grantee Activity Progress:	<p>The ISDH has created and filled state positions to support public health emergency preparedness, including positions for program coordination, epidemiology, laboratory and environmental health, crisis communications, and support for these functions. The ISDH currently maintains grants with local health departments supporting staff in those agencies responsible for preparedness planning and activities. This preparedness staff has ongoing activities and provides surge capacity for public health emergencies, thereby reducing strain on public health workforce and allowing for continuity of operations. The ISDH has identified, equipped and gone live with an alternative hot site for agency operations. The ISDH is actively supporting the Indiana Department of Homeland Security in the planning and establishment of district planning councils. The ISDH is currently maintaining grants to local health departments that support alternative agency operations plans in the event of a public health emergency. The ISDH sponsors and meets with the state Bio Terrorism Advisory Committee on a quarterly basis. The ISDH has created a continuity of operations plan and has completed COOP planning documents. The ISDH is taking leadership with the Indiana Department of Homeland Security on the establishment of COOP plans for all state agencies.</p>
Barriers:	None encountered for this activity at state level. Some local health departments may not have this capacity at local level.
Evaluation Plan:	The ISDH will measure progress through quarterly progress reports, through local and statewide exercises and drills of public health emergencies that test surge capacity and continuity of operations, and through after action reviews of responses to actual events and hoaxes.
Evaluation Progress:	ISDH has filled positions, maintains district offices, and maintains an operational hot site. ISDH has created a COOP plan and completed COOP planning documents. ISDH has exercised alternative hot site as part of actual event, and scheduled an April 28, 2006, AAR of that event.

Goal 2: Prevent

Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

Outcome 2A: Locally generated public health threat and other terrorism-related information is collected, identified, provided to appropriate analysis centers, and acted upon as appropriate.

2A::CT1: Increase the use of disease surveillance and early event detection systems

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59978
Grantee Activity:	The ISDH will continue to develop and improve the use of disease surveillance and early event detection systems, including the Indiana Communicable Disease Reporting Rule, the Public Health Emergency Surveillance System (PHESS), laboratory testing, and BioWatch detection devices. The ISDH will also continue to maintain year-round influenza surveillance through the sentinel physician program.
Grantee Activity Progress:	The PHESS included data from 67 hospital emergency departments by grant year-end with four others in various stages of connection. No urgent care centers were connected during 2005; discussions were underway to include at least one urgent care group in the PHESS in 2006. The ISDH has partnered with the Marion County Health Department for participation in the Bio-Watch program, and the ISDH Laboratory has adopted the procedures to test Bio-Watch filters. The ISDH conducts year-round influenza sentinel surveillance through sentinel physician influenza-like illness reporting and laboratory testing. The team to revise the Communicable Disease Reporting Rule was identified.
Barriers:	The ISDH has not begun the process of revising the Indiana Communicable Disease Reporting Rule due to staffing obligations and unforeseen public health events, although the team to perform this task was identified.
Evaluation Plan:	The Indiana Communicable Disease Reporting Rule will be evaluated in this next grant year and revised as necessary. The PHESS is evaluated on an on-going basis to determine validity of alerts and appropriate data streams. The influenza sentinel surveillance system is reviewed annually to determine level of participation of sentinel physicians and ensure adequate surveillance for the state's population.
Evaluation Progress:	The team to evaluate and revise the Communicable Disease Reporting Rule was identified. The PHESS is routinely reviewed for validity of alerts and appropriate data streams. The influenza surveillance system is currently reviewed weekly to determine the number of regularly participating sentinel physicians, and based on that information, physicians are encouraged to routinely submit sentinel data.

2A::CT1a: Select conditions that require immediate reporting to the public health agency (at a minimum, Category A agents)

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59487
Grantee Activity:	The ISDH will continue to receive disease reports for select conditions. These conditions, including Category A agents, are mandated by law in

Grantee Activity Progress:	Indiana law requires disease reporting. Reportable diseases are routinely reported by physicians, hospitals and laboratories to local health departments and the Indiana State Department of Health. Reporting has been facilitated by including case investigation forms for reportable disease on the ISDH web site for downloading and completion. Almost all case investigation forms are included on the ISDH web site by year-end. Progress is underway to develop the Indiana NEDSS system, which will greatly facilitate reporting.
Evaluation Plan:	The Quality Assurance Epidemiologist will review reportable disease reports on no less frequent than a monthly basis to ensure that any necessary follow-up investigation has been performed. If not, the follow-up will be assigned to the appropriate ISDH field epidemiologist. Progress will be evaluated through documentation review and quarterly progress reports.
Evaluation Progress:	The Quality Assurance Epidemiologist reviews the status of reportable disease reports in NETSS monthly. Any cases still pending after 30 days are assigned to the appropriate ISDH field epidemiologist. Follow-up status is reported back to the Quality Assurance Epidemiologist. The ISDH has observed a decrease in the number of pending cases after 30 days due to increased systematic follow-up.

2A::CT1b: Develop and maintain systems to receive disease reports 24/7/365

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59488
Grantee Activity:	The ISDH will maintain a 24/7/365 duty officer system. The ISDH will maintain its current system of communicable disease surveillance and reporting. This system has been demonstrated as effective in the reception and evaluation of urgent disease reports, even after normal business hours and on weekends (example: Monkey pox response in 2003, measles response in 2005). The ISDH will continue to support district field staff including district epidemiologists.
Grantee Activity Progress:	The ISDH maintains a duty officer system, whereby reports can be received after-hours 24/7/365 and forwarded to the appropriate investigator. Subject-matter epidemiologists, field epidemiologists, and laboratory staff are available 24/7/365. In addition, the Public Health Emergency Surveillance System chief complaint data and Indiana Poison Center call data are monitored several times a day, 7 days a week. All field epidemiologist positions are filled, and field epidemiologists are available 24/7/365.
Evaluation Plan:	The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews from exercises and responses to real events and hoaxes.
Evaluation Progress:	The ISDH monitors progress via the duty officer log review and after action reports from exercises and response to real events.

2A::CT1c: Have or have access to electronic applications in compliance with Public Health Information Network (PHIN) Preparedness Functional Area Early Event Detection to support: 1) Receipt of case or suspect case disease reports 24/7/365, 2) Reportable diseases surveillance, 3) Call triage of urgent reports to knowledgeable public health professionals, 4) Receipt of secondary use health-related data and monitoring of aberrations to normal data patterns.

Est. Completion Date:	08/30/2006
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Percent Complete:	greater than 75%
Grantee Activity Id:	59544
Grantee Activity:	<p>The ISDH is committed to developing a system that ensures reports requiring immediate investigation are received and investigated by public health authorities (state and local) effectively and timely. This system will combine multiple and redundant methods of detection, reporting and notification. The ISDH is developing a NEDSS and PHIN compliant public health information infrastructure that consists of several components, including the Public Health Emergency Surveillance System (PHESS) which will receive and process syndromic types of data (emergency department visits, over-the-counter drug sales, Indiana Poison Center calls, etc.), the NEDSS-related application development, our electronic laboratory reporting efforts through Regenstrief Institute and other initiatives. The ISDH will also work with the Indiana Health Information Exchange, Inc. (IHIE) to develop electronic linkages among physician's offices, hospitals, laboratories, pharmacies, and other entities to support the electronic reporting and sharing of data to improve public health reporting and response to public health emergencies. The IHIE is a shared electronic database of laboratory and radiological results and other hospital data that will serve as a medical messaging service. Central Indiana hospitals are presently participating in IHIE and the network is expected to spread statewide over the next one to two years. The result of this development will be a system of web-based reporting of infectious disease related data that can be used to detect outbreaks. Through our growing Indiana Health Alert Network (IHAN) activities, the ISDH is developing the infrastructure for key parties to exchange information on outbreak detection and investigation. Currently, telephone communication through our existing duty officer system remains an efficient and timely mechanism for rapid reporting of disease outbreaks and acute health events that may be related to bio terrorism, but the HAN will provide an infrastructure within which communication can take place during the investigation of an event.</p>
Grantee Activity Progress:	<p>The ISDH has installed the ESSENCE program to analyze syndromic surveillance data, and that system is operating. Arc GIS software has been purchased in will be installed within the next month to provide additional spatial analysis. Sixty-seven hospitals are currently transmitting hospital chief complaint data. Twelve hospitals will be connected during grant year 2006. Other current data streams include over-the-counter drug sales and school absenteeism. Other data streams, such as EMS, urgent cares, and university student health centers will be considered. Regenstrief Institute is providing laboratory test mapping of Central Indiana hospitals as well as continued service with hospital emergency department data transmission. The ISDH has entered into a memorandum of understanding with the State of Pennsylvania to obtain the Pennsylvania NEDSS (PA-NEDSS) system and the signed documents have been received. Implementation of PA-NEDSS and customization to Indiana-NEDSS has begun. This system will be implemented and managed by the PHIN manager. The ISDH HAN Coordinator has developed a schedule for development, implementation, testing and training on the IHAN. Training will be performed using a roll-out strategy, including ISDH staff, pilot local health departments, and eventually all local health departments. Local health departments will determine who in their jurisdictions will participate in IHAN. We have successfully implemented our Health Alert Network and are using it to effectively broadcast messages to local health departments, hospitals and key partners. We are in the process of providing additional HAN features which will allow us to further increase its benefit. The ISDH has begun the assessment process for PHIN compliance with early event detection systems, outbreak management systems, emergency communication and notification and cross-functional capabilities.</p>
Barriers:	Due to funding cuts, the contract with the Indiana Poison Control Center was not renewed; therefore, that data stream is no longer available.
Evaluation Plan:	<p>The ISDH will develop an internal PHESS protocol to evaluate alerts generated by ESSENCE and notify the appropriate ISDH field epidemiologist for further investigation. Alert follow-up will be tracked to determine the nature of the investigation performed, who performed the investigation, and the time frame in which the investigation was performed. This protocol will be distributed to in-house staff and field epidemiologists. The ISDH will monitor progress using documentation review, quarterly progress reports, and through after action reviews of exercises and responses to real events and hoaxes.</p>
Evaluation Progress:	<p>The ISDH has developed an internal PHESS protocol to evaluate alerts generated by ESSENCE. This protocol outlines the notification procedure for the appropriate field epidemiologist for further investigation. Alert follow-ups are tracked to determine the nature of the investigation (if any) performed, who performed the investigation, and the time frame. Alert follow-ups are evaluated to determine outcomes, such as which lead to outbreak investigations and which represent artifactual interference. We have successfully implemented our Health Alert Network and are using it to effectively broadcast messages to local health departments, hospitals and key partners. We completed changes to our HAN system that allows Local Health Departments to use its capabilities. We completed an initial assessment of PHIN Certification requirements, many of which will impact PHESS and INEDSS.</p>

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	116033
Grantee Activity:	Additionally, the ISDH laboratory is procuring a PHIN compliant LIMS that will allow bidirectional communication of lab request and lab reporting.
Grantee Activity Progress:	The ISDH Laboratory has procured STARLIMS. Phase one implementation is in process and includes Chlamydia/Gonorrhea, blood and environmental lead, and pandemic influenza and other viruses.
Evaluation Plan:	The ISDH will monitor progress using documentation review and monitoring of activities being completed by the LIMS implementation staff.
Evaluation Progress:	We completed an initial assessment of the STARLIMS requirements for PHIN Certification. These will be incorporated into the STARLIMS implementation.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	116034
Grantee Activity:	Additionally, the ISDH laboratory is procuring a PHIN compliant LIMS that will allow bidirectional communication of lab request and lab reporting.
Grantee Activity Progress:	The ISDH Laboratory has procured STARLIMS. Phase one implementation is in process and includes Chlamydia/Gonorrhea, blood and environmental lead, and pandemic influenza and other viruses.
Evaluation Plan:	The ISDH will monitor progress using documentation review and monitoring of activities being completed by the LIMS implementation staff.
Evaluation Progress:	We completed an initial assessment of the STARLIMS requirements for PHIN Certification. These will be incorporated into the STARLIMS implementation.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	116035
Grantee Activity:	Additionally, the ISDH laboratory is procuring a PHIN compliant LIMS that will allow bidirectional communication of lab request and lab

Grantee Activity Progress:	The ISDH Laboratory has procured STARLIMS. Phase one implementation is in process and includes Chlamydia/Gonorrhea, blood and environmental lead, and pandemic influenza and other viruses.
Evaluation Plan:	The ISDH will monitor progress using documentation review and monitoring of activities being completed by the LIMS implementation staff.
Evaluation Progress:	We completed an initial assessment of the STARLIMS requirements for PHIN Certification. These will be incorporated into the STARLIMS implementation.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	116036
Grantee Activity:	Additionally, the ISDH laboratory is procuring a PHIN compliant LIMS that will allow bidirectional communication of lab request and lab reporting.
Grantee Activity Progress:	The ISDH Laboratory has procured STARLIMS. Phase one implementation is in process and includes Chlamydia/Gonorrhea, blood and environmental lead, and pandemic influenza and other viruses.
Evaluation Plan:	The ISDH will monitor progress using documentation review and monitoring of activities being completed by the LIMS implementation staff.
Evaluation Progress:	We completed an initial assessment of the STARLIMS requirements for PHIN Certification. These will be incorporated into the STARLIMS implementation.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	116037
Grantee Activity:	Additionally, the ISDH laboratory is procuring a PHIN compliant LIMS that will allow bidirectional communication of lab request and lab reporting.
Grantee Activity Progress:	The ISDH Laboratory has procured STARLIMS. Phase one implementation is in process and includes Chlamydia/Gonorrhea, blood and environmental lead, and pandemic influenza and other viruses.
Evaluation Plan:	The ISDH will monitor progress using documentation review and monitoring of activities being completed by the LIMS implementation staff.
Evaluation Progress:	We completed an initial assessment of the STARLIMS requirements for PHIN Certification. These will be incorporated into the STARLIMS implementation.

2A::CT1d: Develop and maintain protocols for the utilization of early event detection devices located in your community (e.g., BioWatch)

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59550
Grantee Activity:	The ISDH will partner with the Marion County Health Department to develop a protocol for the notification process and response in the event of a laboratory confirmation of a "hit"; from early event detection devices (e.g. BioWatch and BDS) in the community. In conjunction with the Marion County Health Department, the ISDH will send representatives to a regional BioWatch conference on July 19, 2005, in Chicago to begin the coordination and planning efforts. The ISDH Laboratories will adopt the procedures necessary for testing the BioWatch filters.
Grantee Activity Progress:	The ISDH has hired 4 contract (PHFE) microbiologists and adopted procedures for testing Bio-Watch filters. The ISDH and the Marion County Health Department have partnered and developed a protocol for notification and response to Bio-Watch "hits" The protocol has been exercised. The Marion County Health Department leads a Bio-Watch Advisory Group.
Evaluation Plan:	The ISDH will participate in exercises of the BioWatch response protocol with Marion County Health Department and other partners to identify gaps and revise the protocol as necessary.
Evaluation Progress:	The ISDH will participate in exercises of the Bio-Watch response protocol coordinated by the Marion County Health Department and make any necessary procedural changes gained from information in the after action reports.

2A::CT1e: Assess timeliness and completeness of disease surveillance systems annually

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59552
Grantee Activity:	The Quality Assurance Epidemiologist will complete an assessment of our disease surveillance systems using the CDC promoted "Updated Guidelines for Evaluating Public Health Surveillance Systems", MMWR 50(RR-13) on an annual basis. The ISDH laboratory will also complete a quality assurance assessment of laboratory protocols and procedures.
Grantee Activity Progress:	The Quality Assurance Epidemiologist developed an implemented a new filing system and case follow-up plan based on quarterly assessments. These new systems have decreased the number of data entry errors and confusion/redundant reports associated with case follow-up. The laboratory is instituting a quality assurance plan that includes an incident management plan. A QA team of approximately 8 staff members is being assembled with some of the member including the QA Director yet to be filled.
Barriers:	The incumbent Quality Assurance Epidemiologist left the ISDH in July 2006 to pursue educational opportunities. A replacement was hired September 25, 2006.
Evaluation Plan:	The Quality Assurance Epidemiologist documents the assessment and presents those findings to the Director of Surveillance and Investigation. Based on this assessment and from feedback from staff and external partners, the ISDH will continue to review and improve our protocols, procedures, surveillance activities, information dissemination, and analytic methods.

Evaluation Progress:	The Quality Assurance Epidemiologist conducts semi-annual (previously quarterly) assessments and presents those findings to the Director of Surveillance and Investigation. The ISDH will continue to review and improve protocols, procedures, surveillance activities, information dissemination, and analytic methods. The laboratory QA team will review and improve laboratory protocols, procedures, and analytic methods under the direction of the ISDH Laboratory Director.
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2A::CT2: Increase sharing of health and intelligence information within and between regions and States with Federal and local and tribal agencies.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59980
Grantee Activity:	The ISDH will increase sharing of health and intelligence information within and between regions and States with Federal and local tribal agencies by utilizing the Indiana Health Alert Network (HAN) and continued participation in the CDC Epi-X Program. The ISDH will maintain secret and/or top secret security clearances for the appropriate officials. We will be enhancing HAN to broaden the base of contacts that receive information through HAN. We will also develop a document sharing application that will allow sharing information.
Grantee Activity Progress:	The ISDH is currently participating in Epi-X. The ISDH is currently sharing health and intelligence information through 24/7/365 duty officer system, and through 24/7 personal, phone and electronic mail contacts with state field staff, local health department staff, hospitals, and other state, federal and local response partners. The ISDH maintains secret and/or top secret security clearances for the appropriate officials. The process of obtaining security clearances is very slow and although personnel have been identified and submitted for security clearances, clearances are still pending for part of the identified staff.
Evaluation Plan:	For the HAN improvements, we will establish requirements, review them with the HAN Steering Committee, develop, test and train. We will monitor our progress against the project plan. We will use quarterly progress reports and after action reviews from exercises and responses to real events and to hoaxes.
Evaluation Progress:	New staff members are added to Epi-X within one month of their start date. We completed enhancements to our HAN system to allow access to our Local Health Departments. We also created special version of our HAN for select needs such as Media notification and SNS messaging. We have developed a working prototype for electronic cross border communication with Michigan, Wisconsin and Minnesota. We completed an initial assessment of our PHIN Certification requirements.

2A::CT2a: Improve information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness, among public health epidemiologists, clinicians, laboratory personnel, environmental health specialists, public health nurses, and staff of food safety programs

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59976

Grantee Activity:	Through our growing Indiana Health Alert Network (HAN) activities, the Department of Health is developing the infrastructure for key parties to exchange information on outbreak detection and investigation. Currently, telephone communication through our existing duty officer system remains an efficient and timely mechanism for rapid reporting of disease outbreaks and acute health events that may be related to bio terrorism, but the HAN will provide an infrastructure within which communication can take place during the investigation of an event. We are enhancing HAN to improve our coverage capabilities. In addition we will be procuring a high frequency radio that will provide additional capacity for message relay capability and emergency communications. We will be making changes to support real time retrieval of message information. This will allow us to immediately address messaging problems and contacts not acknowledging receipt. We will also be improving our message acknowledgement procedures using VRUs (Voice Response Units) and other facilities to simplify message acknowledgement. The ISDH laboratory shares information on suspected or confirmed cases of immediately notifiable conditions through mechanisms such as the LRN and PulseNet.
Grantee Activity Progress:	Currently, the ISDH utilizes telephone, fax and e-mail to provide information on suspected or confirmed cases of immediately notifiable conditions. The ISDH maintains 24/7/365 contact information for state and local public health staff and other key response partners. However, the IHAN will greatly increase the speed and capacity to exchange information. The ISDH uses a secure web-based portal for data sharing.
Evaluation Plan:	The ISDH will monitor progress through documentation review, quarterly progress reports, and after action reviews of exercises and responses to real events and hoaxes.
Evaluation Progress:	We completed improvements to our HAN system that allow Local Health Departments to use the system. We have also completed a working prototype that allows for electronic HAN communications with Michigan, Minnesota and Wisconsin. We completed an initial assessment of the PHIN Certification requirements.

2A::CT2b: Maintain secret and/or top secret security clearance for the state health official, local health officials, preparedness directors, and preparedness coordinators to ensure access to sensitive information about the nature of health threats and intelligence information

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59553
Grantee Activity:	Pursuant to current HHS and CDC requirements and authority, the ISDH has identified and processed security clearance requests for four (4) state public health officials including the Assistant Commissioner for Information Services and Policy, the State Epidemiologist, the Public Health Preparedness and Emergency Response Director, and the State Laboratory Director. These requests along with supporting documentation are completed and pending approval by the federal agencies. The ISDH will maintain these security clearances as required, and seek to secure additional clearances for state and local health officials as required under evolving guidelines currently being formulated by HHS and CDC.
Grantee Activity Progress:	Pursuant to current HHS and CDC requirements and authority, the ISDH has processed and received security clearances for three (3) state public health officials including the Assistant Commissioner for Public Health Surveillance & Preparedness, the State Epidemiologist, and the State Laboratory Director. The request for a security clearance for the State Health Commissioner is in process, and one will be initiated for the newly hired Deputy Health Commissioner. When the currently vacant position of the Director of the Public Health Preparedness & Emergency Response Division is filled, a request for the security clearance will be initiated. ISDH has supplied additional documentation to support applications as may be required by federal agencies.

Evaluation Plan:	ISDH will monitor progress using documentation reviews and quarterly progress reports.
Evaluation Progress:	Federal agencies have not timely processed security clearance requests. ISDH has received notification that only our assistant commissioner and state epidemiologist have been approved for security clearance to date.

2A::CT3: Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59948
Grantee Activity:	The ISDH will enhance the HAN system to decrease our overhead in initiating alert messages. We will automate our interface to the vendor that provides fax and voice capabilities. We will be creating a Web based interface to initiate the process. We are also automating our internal procedures for approving an alert. Instead of relying completely on manual notification that there is a message to approve, we will automatically issue redundant voice and e-mail (e.g., Blackberry notification) messages with an escalation procedure if the message is not approved. Also, in conjunction with our PHIN preparedness measures, we will be developing electronic PHIN MS messaging following Common Alerting Protocols (CAP). The ISDH laboratory utilizes the reporting mechanisms of the LRN to timely disseminate accurate national strategic and health threat intelligence.
Grantee Activity Progress:	The ISDH currently disseminates information using 24/7/365 contact information with state and local public health staff and with other key response partners. Currently we have to manually transfer files and call them to initiate the message. We are developing our existing HAN capacity.
Evaluation Plan:	We will develop a project plan for the activities that will consist of establishing design requirements, approval by the HAN Steering Committee, development, testing, training and implementation. We will monitor progress against the plan. The ISDH will monitor progress through documentation reviews, quarterly progress reports, and after action reviews of exercises and responses to real events and hoaxes.
Evaluation Progress:	We put into production the ISDH changes to accelerate / automate the sending of messages. Do to delays in processing the contract, our third party vendor has not installed their changes. The vendor changes are complete and will go into production by 12/1. We also have completed a prototype for electronic messages with Michigan, Wisconsin and Minnesota. We have purchased a high frequency radio. We implemented PHIN MS messaging protocols.

2A::CT3a: Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X).

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59554

Grantee Activity:	The ISDH will continue to participate in Epi-X and maintain enrollment of appropriate staff at state and local levels.
Grantee Activity Progress:	The ISDH participates in Epi-X. New staff members are enrolled in Epi-X within one month of their start date. The ISDH has contacted all local health departments to determine their interest in participating in Epi-X.
Evaluation Plan:	The ISDH will monitor progress through documentation review, quarterly progress reports, and after action reviews from exercises (including CDC communications tests of the system as occurred in June 2005) and responses to real events and hoaxes.
Evaluation Progress:	The ISDH participates in periodic Epi-X notification tests and makes procedural changes if necessary based on information gained from those tests.

2A::CT3b: Participate in the Electronic Foodborne Outbreak Reporting System (EFORS) by entering reports of foodborne outbreak investigations and monitor the quality, completeness of reports and time from onset of illnesses to report entry.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59555
Grantee Activity:	The ISDH will continue to participate in EFORS.
Grantee Activity Progress:	The ISDH currently participates in EFORS. The Enteric Epidemiologist mentioned in the Mid-Year progress report left the ISDH in early July, 2005 for medical reasons. A new Enteric Epidemiologist was hired April 24, 2006. She will be trained to use EFORS and serve as the ISDH super-user.
Barriers:	A new Enteric Epidemiologist was hired April 24, 2006. Unfortunately due to outbreaks and other trainings, she was not able to be trained by year-end. This is a priority for grant year 2006.
Evaluation Plan:	The ISDH Enteric Epidemiologist will assess the accuracy and completeness of EFORS reports within one week of the initiation of food borne outbreak investigations. The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes.
Evaluation Progress:	Progress will be evaluated as the new Enteric Epidemiologist is trained in the use of EFORS.

2A::CT3c: Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress

Grantee Activity Id:	60198
Grantee Activity:	The ISDH Lab will perform real-time sub-typing of PulseNet tracked food borne disease agents and submit the sub-typing data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory.
Grantee Activity Progress:	Currently, the ISDH PFGE lab is certified to run Salmonella, Shigella, E. coli and Listeria. Plan for ISDH PFGE lab is to be certified on running and analyzing PFGE gels for all five CDC recommended microorganisms by the end of this year. Testing for other microorganisms currently being prioritized by the ISDH Epidemiology Resource Center and Laboratory. The PFGE microbiologist supervisor has been hired.
Barriers:	The PFGE new positions were recently approved and posted to the job bank.
Evaluation Plan:	The ISDH PFGE program will have a database established, and able to subtype Salmonella, E coli O157, Shigella, Listeria and Campylobacter isolates submitted internally and externally in real time. Staff will be hired and certified in the PulseNet Program. Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs.
Evaluation Progress:	The appropriate drills and exercises have not been developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. Staffs were trained on the Bio-Numerics software. The PFGE database has been created. The PFGE microbiologist supervisor has been hired.

2A::CT3d: Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59556
Grantee Activity:	Through our growing Indiana Health Alert Network (HAN) activities, the Department of Health is developing the infrastructure for key parties to exchange information on outbreak detection and investigation. Currently, telephone communication through our existing duty officer system remains an efficient and timely mechanism for rapid reporting of disease outbreaks and acute health events that may be related to bio terrorism, but the HAN will provide an infrastructure within which communication can take place during the investigation of an event. We are enhancing HAN to improve our coverage capabilities. In addition we will be procuring a high frequency radio that will provide additional capacity for message relay capability and emergency communications. We will be making changes to support real time retrieval of message information. This will allow us to immediately address messaging problems and contacts not acknowledging receipt. We will also be improving our message acknowledgement procedures using VRUs (Voice Response Units) and other facilities to facilitate message acknowledgement. We will provide additional security functions to our HAN system. This will include improvements to our Healthnet Portal to facilitate the exchange of secured information. By the end of the current grant budget year we will have established a secured disaster recovery site outside the Indianapolis area.

Grantee Activity Progress:	The Department of Health HAN Coordinator has developed a schedule for development, implementation, testing and training on the HAN. Training will be performed using a roll-out strategy, including Department of Health staff, pilot local health departments, and eventually all local health departments. Local health departments will determine who in their jurisdictions will participate in HAN. We have established a Steering Committee that oversees and direct the HAN team. They will review and approve the modifications we will make to the HAN system. We will spend part of next year ensuring PHIN compliance, and testing it to ensure we can reach the required 90% of stakeholders.
Evaluation Plan:	The HAN will include a notification receipt tracking component to evaluate notifying at least 90% of key stakeholders within the recommended time frame for specific alert categories. We will provide tests and exercises to ensure we meet response goals. For the enhancements to HAN we will develop a project plan consisting of establishing design requirements, approval by the HAN Steering Committee, development, testing, training and implementation. We will monitor progress against the plan. The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes.
Evaluation Progress:	We created a project to both improve the responsiveness of our HAN system and expand its functionality. We completed our changes and are waiting for our communication contractor to finish their changes. We have opened up HAN access to our Local Health Departments. We have a fully functional Diastase Recovery site with key data mirrored real time. We have purchased a Motorola High Frequency radio. Our Portal has expanded and we currently have 26 applications running on it. We have monthly HAN communication tests and quarterly tests in which we assess our ability to reach 90% of key stakeholders. We are working on consistently reaching 90% of key stakeholders.

Outcome 2B: Jurisdiction-specific Hazards are identified and assessed to enable appropriate protection, prevention, and mitigation strategies so that the consequences of an incident are minimized.

2B::CT1: Prioritize the hazards identified in the jurisdiction hazard/vulnerability assessment for potential impact on human health with special consideration for lethality of agents and large population exposures within 60 days of cooperative agreement award

Est. Completion Date:	10/31/2005
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	63183
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to identify state hazards. The ISDH will support local health departments in hiring or maintaining local public health coordinators to identify local hazards.
Grantee Activity Progress:	The ISDH currently partners with the Indiana Department of Homeland Security, the Indiana Counter Terrorism and Security Council, the Indiana State Police, and other state agencies responsible for emergency response and statewide planning and response. The ISDH also maintain a seat pursuant to state statute on the Indiana Counter Terrorism and Security Council and meets monthly with state, federal and local partners also maintaining seats on that council for purposes of planning and coordinating a state response to an all hazards emergency. The ISDH has received a list of identified hazards from the USDHS and its contractor, through the IDHS, which list identifies state and local hazards. The IDHS will continually review and update this list with its planning partners.
Barriers:	Significant barriers were encountered with this activity. Primarily, the USDHS was not timely in its production of information to the Indiana Department of Homeland Security. The USDHS contractor created a list that was not accurate in that it includes hundreds of entities that are inappropriate. The ISDH and IDHS will work to routinely review and update the list. On conference calls the CDC has indicated that this activity has been hampered and is ongoing. This is a complete but ongoing activity.

Evaluation Plan:	The ISDH will monitor progress through documentation review and evaluation 60 days after grant award, and through quarterly progress reports.
Evaluation Progress:	The ISDH has been provided with and maintains a comprehensive list of entities that have been identified by the USDHS, the IDHS and their contractor.

2B::CT2: Decrease the time to intervention by the identification and determination of potential hazards and threats, including quality of mapping, modeling, and forecasting.

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59823
Grantee Activity:	ISDH will continue partnership with the Indiana Department of Homeland Security to support GIS mapping of state for hazard and vulnerability analysis, mitigation and response. The ISDH will work with the state and federal homeland security agencies to secure hazard and vulnerability analyses previously conducted, and to share information with local health departments for mitigation and response planning within their jurisdictions.
Grantee Activity Progress:	ISDH supported GIS mapping of state of Indiana through Memorandum of Understanding with Indiana Department of Homeland Security. Photo survey of state and state mapping has been completed.
Evaluation Plan:	ISDH will measure activity through documentation review and quarterly progress reports.
Evaluation Progress:	Mapping is completed. ISDH meets biweekly with homeland security team partners, and monthly with CTASC to discuss events, issues, and activities.

2B::CT3: Decrease human health threats associated with identified community risks and vulnerabilities (i.e., chemical plants, hazardous waste plants, retail establishments with chemical/pesticide supplies).

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59824
Grantee Activity:	ISDH will work with state and local agencies to identify strategies for decreasing human health threats associated with identified community risks. ISDH will engage in planning and response activities, exercises, and training, with state, local and federal partners specific to community risks. ISDH will support local health departments in maintaining staff to work on planning and mitigation strategies for community risks. The ISDH will support the creation of District Planning Councils composed of local stakeholders from multiple jurisdictions and disciplines within each of our state's homeland security districts to identify and plan for regional vulnerabilities.

Grantee Activity Progress:	ISDH currently sitting on Counter Terrorism and Security Council with other state, federal and local partners for purposes of planning response strategies including mitigation of risks in state. ISDH currently participating in biweekly homeland security work group for purposes of planning response strategies including mitigation of risks in state. ISDH currently participating in exercises involving mitigation and response strategies specific to identified community risks (e.g., neutralization of nerve agent at Newport Chemical Facility). ISDH maintains grant agreements with 83 out of 94 local health departments to support preparedness personnel. Eighty-five local health departments have produced mass prophylaxis plan using ISDH template. State and local entities regularly exercising plans. State legislation enacted this term to protect against human-caused risks peculiar to refineries. ISDH working with IDHS and other state and local partners to review and refine hazards and vulnerabilities list provided by USDHS and contractor.
Barriers:	Some local health departments are not participating in these activities, and are independent of ISDH under state law. USDHS hazards and vulnerabilities list was not timely produced and is not accurate.
Evaluation Plan:	ISDH will evaluate progress through documentation review as well as through after action reviews of exercises and drills, and response to actual events or hoaxes.
Evaluation Progress:	ISDH participating in Counter Terrorism and Security Council with other state, federal and local partners for purposes of planning response strategies including mitigation of risks in state. ISDH participating in biweekly homeland security work group for purposes of planning response strategies including mitigation of risks in state. ISDH participating in exercises involving mitigation and response strategies specific to identified community risks (e.g., neutralization of nerve agent at Newport Chemical Facility). ISDH maintains grant agreements with 83 out of 94 local health departments to support preparedness personnel. Local health departments submitted quarterly reports reporting progress on identifying hazards in local communities and working on strategies to mitigate. Eighty-five local health departments have produced mass prophylaxis plan using ISDH template. State and local entities regularly exercising plans. State legislation enacted this term to protect against human-caused risks peculiar to refineries. ISDH working with IDHS and other state and local partners to review and refine hazards and vulnerabilities list provided by USDHS and contractor.

2B::CT4: Through partners increase the capability to monitor movement of releases and formulate public health response and interventions based on dispersion and characteristics over time.

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59825
Grantee Activity:	ISDH will partner with Indiana Department of Homeland Security to support GIS mapping of state. ISDH will continue to support statewide radiological response team, and biological and chemical surveillance activities through ISDH and other state agencies. ISDH will continue to support local health departments in purchase and training on GPS and other equipment to detect and project releases of specific agents and environmental hazards.
Grantee Activity Progress:	ISDH supported GIS mapping activities. Photo survey of state and mapping completed. ISDH supports a radiological health team and provides equipment for the team to monitor and respond to radiological events. ISDH participates in exercises and response to events and hoaxes with state and federal agencies responsible for environmental hazards. ISDH has supported some local equipment purchases of GPS equipment to track plumes, and other equipment to track and project dispersals.
Evaluation Plan:	ISDH will track progress through documentation review, exercises and drills, and after action reviews of responses to actual events and hoaxes.

Evaluation Progress:	State GIS mapping completed. ISDH supports a radiologic team. ISDH has radiologic response personnel, and has chemical and environmental epidemiologist on staff. ISDH participates in state and local exercises and maintains AARs.
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Goal 3: Detect/Report

Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health.

Outcome 3A: Potential exposure and disease will be identified rapidly, reported to multiple locations immediately, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. Additionally, public health laboratory testing is coordinated with law enforcement and other appropriate agencies.

3A::CT1: Increase and maintain relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental and food specimens.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59507
Grantee Activity:	The ISDH laboratory will develop policies to ensure an "all-hazards" approach in testing of human and animal clinical specimens, environmental specimens and food specimens.
Grantee Activity Progress:	The ISDH Laboratory is composed of clinical laboratories, microbiological and chemical food laboratories, microbiological and chemical environmental laboratories, and a radiological laboratory. Biological testing is available for clinical samples and unknown "white powders." Chemical testing utilizing a FTIR is available for unknown "white powders" and other appropriate samples. The ISDH environmental chemistry laboratory provides routine "all-hazards" testing through procedures to determine PCB's, VOC's, pesticides, priority pollutants, etc.
Evaluation Plan:	Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. Progress reports will be prepared quarterly.
Evaluation Progress:	The appropriate drills and exercises have not yet been developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs.

3A::CT1a: Develop and maintain a database of all sentinel (biological)/Level Three (chemical) labs in the jurisdiction using the CDC-endorsed definition that includes: (Name, contact information, BioSafety Level, whether they are a health alert network partner, certification status, capability to rule-out Category A and B bioterrorism agents per State-developed proficiency testing or CAP bioterrorism module proficiency testing and names and contact information for in-state and out-of-state reference labs used by each of the jurisdiction's sentinel/Level Three labs).

Est. Completion Date:	08/30/2006
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Percent Complete:	25% - 50%
Grantee Activity Id:	59642
Grantee Activity:	A database has been developed based upon information within the National Laboratory Database. Questionnaires are under development to update the CDC-endorsed definitions. The ISDH will maintain information through regular contact with the labs.
Grantee Activity Progress:	A database has been developed based upon information within the National Laboratory Database, but needs to be updated to ensure its completeness as well as to add the missing definition components.
Evaluation Plan:	Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. Progress reports will be prepared quarterly.
Evaluation Progress:	The appropriate drills and exercises have not yet been developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs.

3A::CT1b: Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60154
Grantee Activity:	The chemical terrorism/bioterrorism laboratory coordinator will be tested for competency on knowledge of the proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.
Grantee Activity Progress:	The chemical/biological terrorism laboratory coordinator is developing a reference document for rapidly accessing policies for proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.
Evaluation Plan:	Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, and identify unmet needs. Progress reports will be prepared quarterly.
Evaluation Progress:	The appropriate drills and exercises have not yet been developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs.

3A::CT1c: Test the ability of sentinel/Level Three labs to send specimens to a confirmatory Laboratory Response Network (LRN) laboratory on nights, weekends, and holidays.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%

Grantee Activity Id:	60158
Grantee Activity:	The ISDH will maintain 24/7/365 contact for the agency duty officer and for laboratory staff responsible for receiving samples and performing tests. The ISDH will develop drills and exercises that test the competency of BT and CT coordinators, and backup or alternate staff, and the ability of sentinel /Level Three laboratories to package and ship clinical samples 24/7 365 days a year
Grantee Activity Progress:	Tabletop exercises have been conducted. Clinical specimens have been submitted to the ISDH laboratory for "rule-out" of suspect Category A agents such as anthrax and botulism.
Evaluation Plan:	Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. Progress reports will be prepared quarterly.
Evaluation Progress:	The appropriate drills and exercises have not yet been developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs.

3A::CT1d: Collect, package, label, ship, and coordinate routing of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	60177
Grantee Activity:	The ISDH will establish a state-wide courier system to assure timely pick-up and transport of critical samples. The ISDH will identify and establish staff to act as a training coordinator. The ISDH will train sentinel/level 3 labs, first responders, etc. on packaging, labeling, and shipping of samples for BT/CT.
Grantee Activity Progress:	A courier needs to be identified that can serve the state in a timely manner. A vendor was evaluated, but couldn't provide timely deliveries. Training personnel is needed to complete the training requirements.
Barriers:	Training position has been approved and was posted, but was not hired until after the fiscal year ended.
Evaluation Plan:	Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. Progress reports will be prepared quarterly.
Evaluation Progress:	The appropriate drills and exercises have not yet been developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs.

3A::CT1e: Continue to develop or enhance operational plans and protocols that include: * specimen/samples transport and handling, *worker safety, *appropriate Biosafety Level (BSL) working conditions for each threat agent, *staffing and training of personnel, *quality control and assurance, *adherence to laboratory methods and protocols, *proficiency testing to include routine practicing of LRN validated assays as well as participation in the LRN's proficiency testing program electronically through the LRN website, *threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of specimens, *intake and testing prioritization, *secure storage of critical agents, *appropriate levels of supplies and equipment needed to respond to bioterrorism events with a strong emphasis on surge capacities needed to effectively respond to a bioterrorism incident.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60322
Grantee Activity:	The ISDH will continue to develop or enhance operational plans and protocols.
Grantee Activity Progress:	<p>The ISDH preparedness staff participates in biweekly meetings with representatives from the Indiana Department of Homeland Security, the Indiana Counter Terrorism and Security Council, the Indiana State Police, the Indiana Fire Marshall, and other state agencies responsible for emergency response and statewide planning and response. The ISDH has established agreements with state agencies on sharing and allocation of resources, and coordination of response, including creating sampling and transportation procedures for samples to be tested at our laboratory. The ISDH maintains a seat pursuant to state statute on the Indiana Counter Terrorism and Security Council and meets monthly with state, federal and local partners also maintaining seats on that council for purposes of planning and coordinating a state response to an all hazards emergency. ISDH laboratory staff has made ongoing efforts to work with the Indiana State Fire Marshalls Office (ISFMO) to create multiple "Render-Safe" Response teams and have at least one stationed in each of the 10 Public Health Districts in Indiana. Limited training has been provided to these teams in the areas of specimen collection, handling and transport to the laboratory. As part of the creation of a separate division in the laboratories to address both microbiology and chemical emergency preparedness, training in BSL3 procedures and LRN protocols is being provided to the current staff of four senior microbiologists and one senior chemist. Staffs have participated in some of the LRN proficiency studies. Preparedness for pandemic flu has also been incorporated with the addition of two more microbiologists to the emergency preparedness and response team. Contact has been made with the local FBI WMD coordinator and lines of communication established. Law enforcement has been designated to make any initial threat assessments before there is any lab involvement. The issue of intake and testing prioritization has not yet been an issue since the number of specimens received to date has been very limited. The credibility of the threat has been the determining factor so far. Efforts have been expanded to further provide secure storage of the suspect samples and critical agents. A computerized key storage and release unit has been purchased and installed which restricts access to selected keys and documents who has had access to them and when the keys are removed and returned. The computerized records are generated and reviewed on a routine basis in the same manner that door access to restricted rooms is monitored by the Responsible Official. Much effort has been made with financial assistance from previous grants to purchase the necessary instrumentation and obtain training in most of the LRN protocols. Lab staffs in other areas of the ISDH lab are also receiving basic training in these areas in order to serve as potential surge staff in most of the areas. The ISDH is currently evaluating and pursuing the possibility of adding laboratory staff.</p>
Barriers:	Efforts are still in progress to create new and upgrade existing positions within the lab to create the QA and Training teams and also provide more bench supervisors to perform and lead the validation of new analysis techniques while ensuring the quality of the routine work being completed.
Evaluation Plan:	<p>The key elements of improvement will be in the area of increasing both the testing capability and capacity of existing staff and to create a separate Quality Assurance and Training team to provide training and monitor performance to ensure compliance with the standardized protocols established by the LRN. The proposed commissioning of the modular laboratory later this year and the significant progress towards the new ISDH Lab facility (est. completion date of Spring 2007) are both positive efforts toward improving the lab infrastructure to build future progress on. Efforts are still in progress to create new and upgrade existing positions within the lab to create the QA and Training teams and also provide more bench supervisors to perform and lead the validation of new analysis techniques while ensuring the quality of the routine work being completed. Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. Progress reports will be prepared quarterly.</p>
Evaluation Progress:	The appropriate drills and exercises have not yet been developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs.

3A::CT1f: Ensure the availability of at least one operational Biosafety Level Three (BSL-3) facility in your jurisdiction for testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "Biosafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL), should be used (see www.cdc.gov/od/ohs) or formal arrangements (i.e., MOU) should be established with a neighboring jurisdiction to provide this capacity.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	60183
Grantee Activity:	The ISDH laboratory has 3 BSL-3 laboratories in the main lab and will soon have a 2600square foot BSL-3 plus facility. In early 2007 the ISDH Laboratories will move into a new laboratory with state of the art BSL-3 labs.
Grantee Activity Progress:	The ISDH BSL3 plus modular lab is being used routinely for BT and pandemic influenza activities. The new lab is nearing completion with a projected move in date of January 16, 2007.
Barriers:	In early 2007 the ISDH Laboratories will move into a new laboratory with state of the art BSL-3 labs.
Evaluation Plan:	The modular lab will receive BSL-3 plus commissioning. Progress reports will be prepared quarterly.
Evaluation Progress:	The commissioning for the modular BSL-3 lab is complete. The new laboratory is nearing completion.

3A::CT1g: Ensure that laboratory registration, operations, safety, and security are consistent with both the minimum requirements set forth in Select Agent Regulation (42 CFR 73) and the US Patriot Act of 2001 (P.L. 107-56) and subsequent updates.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	60185
Grantee Activity:	The ISDH Lab has registered with the Select Agent Program and has obtained the appropriate APHIS/USDA permits. We will follow the requirements set forth in Select Agent Regulation and USA PATRIOT Act of 2001, P.L. 107-56, as well as incorporate any subsequent updates.
Grantee Activity Progress:	Compliance with the Select Agent Rule has identified security issues within the ISDH Laboratories. Most issues were found to be in compliance; however, issues remain to correct or more appropriately enhance. Additional security measures, such as video monitoring and motion detectors will be procured for the main laboratory. The modular lab has "state of the art" security with 24/7/365 video monitoring.
Evaluation Plan:	Annual evaluations of select agent protocols and APHIS/USDA permits. Progress reports will be prepared quarterly.
Evaluation Progress:	Annual renewal of APHIS/USDA permit has been submitted. Installation of video monitoring for the modular lab is complete.

3A::CT1h: Ensure at least one public health laboratory in your jurisdiction has the appropriate instrumentation and appropriately trained staff to perform CDC-developed and

validated real-time rapid assays for nucleic acid amplification (Polymerase Chain Reaction, PCR) and antigen detection (Time-Resolved Fluorescence, TRF).

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60186
Grantee Activity:	The ISDH will re-evaluate current staffing and equipment for BT readiness. We will continually monitor the LRN for new or updated procedures, as well as develop procedures that incorporate new methodologies or testing algorithms.
Grantee Activity Progress:	This activity is a dynamic process. The LRN is continually modifying and adding laboratory procedures. The ISDH is LRN approved for all methods except botulism toxin and variola testing. We are investigating the ability to perform the botulism toxin testing in the modular lab. The LRN has been notified of our interest in becoming a variola testing laboratory.
Evaluation Plan:	Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. Progress reports will be prepared quarterly.
Evaluation Progress:	The appropriate drills and exercises have not yet been developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs.

3A::CT1i: Ensure the capacity for LRN-validated testing and reporting of Variola major, Vaccinia and Varicella viruses in human and environmental samples either in the public health laboratory or through agreements with other LRN laboratories.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	60190
Grantee Activity:	The ISDH is developing a written policy for Variola major, Vaccinia and Varicella testing. The new BSL-3+ modular lab to be commissioned in late August 2004 will allow the ISDH to provide LRN orthopox testing methodologies. An EM facility needs to be located to provide support until we establish an EM facility in our new laboratory slated for Spring 2007.
Grantee Activity Progress:	The modular lab is has been commissioning . Once completed this facility will give us the capability to perform Variola major, Vaccinia and Varicella testing. The LRN has been notified of our interest in becoming a Variola testing laboratory. Until we are approved a memorandum of agreement (MOA) will be established with other LRN laboratories.
Barriers:	Select agent certification for the BSL-3+ modular lab has not been obtained.
Evaluation Plan:	Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. Progress reports will be prepared quarterly.
Evaluation Progress:	The appropriate drills and exercises have not yet been developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. Commissioning of the modular lab is complete.

3A::CT2: Increase the exchange of laboratory testing orders and results.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	60191
Grantee Activity:	Procure a PHIN compliant LIMS that is capable of providing bidirectional HL7 messaging. We have developed an internet web based laboratory reporting tool based on Docs4Docs. Implementation of a pilot project for reporting lab results through Docs4Docs has been initiated.
Grantee Activity Progress:	A LIMS, STARLIMS, has been procured. We've started phase one implementation. Docs4Docs has been implemented and is being used daily for HIV reporting.
Barriers:	Working through funding issues regarding Direct Assistance funding between Indiana and StarLims, that might have been avoided if Indiana could have directly contracted with StarLims. As a result of DA Funding issues, Indiana lost approximately \$550,000 in funding for which we now have to use other funds to secure the services necessary for implementation of the LIMS system.
Evaluation Plan:	After a LIMS has been procured and installed progress reports will be developed to document implementation of laboratory modules. Progress reports will be prepared quarterly to document Docs4Docs implementation.
Evaluation Progress:	A LIMS, STARLIMS, has been procured. We've started phase one implementation. Docs4Docs has been implemented for the first lab area and is being used daily for HIV reporting.

3A::CT2a: Monitor compliance with public health agency (or public health agency lab) policy on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level Three lab (i.e., feedback and linking of results to relevant public health data) with a copy to CDC as appropriate.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	60192
Grantee Activity:	Obtain the LRN Results Messenger, Version 2 when it becomes available. Procure a PHIN compliant LIMS that is capable of providing bidirectional HL7 messaging.
Grantee Activity Progress:	LRN Messenger 2 has been installed and is used daily for Bio-Watch. StarLims will be evaluated as a replacement for the LRN Messenger through the sending of HL7 messages,
Barriers:	Working through funding issues regarding Direct Assistance funding between Indiana and StarLims, that might have been avoided if Indiana could have directly contracted with StarLims. As a result of DA Funding issues, Indiana lost approximately \$550,000 in funding for which we now have to use other funds to secure the services necessary for implementation of the LIMS system.

Evaluation Plan:	Upon availability the LRN Results Messenger, Version 2 will be obtained and installed. Progress reports will be prepared quarterly. After a LIMS has been procured and installed progress reports will be developed to document implementation of laboratory modules.
Evaluation Progress:	The LRN Results Messenger, Version 2 is installed and is being used daily. The LRN has performed one system upgrade.

3A::CT2b: Comply with PHIN Preparedness Functional Areas Connecting Laboratory Systems and Outbreak Management to enable: a) the linkage of laboratory orders and results from sentinel/Level Three and confirmatory LRN labs to relevant public health (epi) data and b) maintenance of chain of custody.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	60194
Grantee Activity:	Procure a PHIN compliant LIMS that is capable of providing bidirectional HL7 messaging for linkage of laboratory orders and results from sentinel/Level Three and confirmatory LRN labs to relevant public health (epi) data. The LIMS will also be able to maintain chain of custody.
Grantee Activity Progress:	StarLims has been procured and we are in phase one of implementation.
Barriers:	Working through funding issues regarding Direct Assistance funding between Indiana and StarLims, that might have been avoided if Indiana could have directly contracted with StarLims. As a result of DA Funding issues, Indiana lost approximately \$550,000 in funding for which we now have to use other funds to secure the services necessary for implementation of the LIMS system.
Evaluation Plan:	After a LIMS has been procured and installed, progress reports will be developed to document implementation of laboratory modules, linkages, and chain of custody.
Evaluation Progress:	A LIMS, STARLIMS, has been procured. Phase one implementation has started.

Goal 4: Detect/Report

Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection in real time to those who need to know.

Outcome 4A: To produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response and continuity planning operations.

4A::CT1: Increase source and scope of health information.

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%

Grantee Activity Id:	59565
Grantee Activity:	The ISDH will continue to maintain an agency web site with links to public health and related resources for all hazards planning including public health threats from acts of terrorism. This web site will contain quick facts on select agents and diseases, as well as other useful information for the general public and for first responders, including information on prophylaxis. The ISDH will continue to maintain a communicable disease web site, including disease information, Indiana statistics for communicable diseases, quick fact sheets (in English and Spanish), annual reports for communicable disease incidence in Indiana, and related links. The ISDH will continue to use the Indiana Health Portal to provide a means of accessing agency health information. The ISDH will also enhance the HAN to provide a library and document retrieval system. This will allow information sharing across local health departments. The ISDH will continue to publish the monthly Indiana Epidemiology Newsletter on the agency web site. We will continue to use the Indiana Health Portal to provide a means of accessing Department of Health information. We will also be enhancing our IHAN system to provide a library and document retrieval system. This will allow sharing information across Local Health Departments.
Grantee Activity Progress:	The ISDH continues to maintain an agency web site with links to public health and related resources for all hazards planning, including public health threats from acts of terrorism, pandemic influenza, and outbreaks (such as mumps). The web site contains quick fact sheets (in English and Spanish), which are periodically reviewed for content, as well as case investigation forms, annual reports of Communicable Diseases, and the monthly Indiana Epidemiology Newsletter.
Evaluation Plan:	The ISDH will review the communicable disease web site content at least quarterly to ensure the most current information is available and update the information as necessary. The ISDH will publish the Indiana Epidemiology Newsletter by the end of the month for which the issue is dated. We maintain records of the number of people that access the Indiana Health Portal and use them to monitor capacity. We will do monthly checks of our IHAN communication capabilities to ensure they are operating.
Evaluation Progress:	Individual epidemiologists review relevant web site content periodically to ensure accuracy and completeness of disease "quick facts" information, relevant outbreak information (including pandemic influenza), and access to reportable disease case investigation forms. The ISDH generally posts the Indiana Epidemiology Newsletter on the agency web site by the end of the month. We implemented a project to both improve the responsiveness of our IHAN system and expand its functionality. Due to delays in process the contract, our third party communications partner will not put their changes in until 12/1. We have opened up our HAN system to our Local Health Departments.

4A::CT2: Increase speed of evaluating, integrating, analyzing and interpreting health data to detect aberrations in normal data patterns.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59659
Grantee Activity:	The ISDH is developing the Public Health Emergency Surveillance System (PHESS) which will receive and process syndromic types of data (emergency department visits, over-the-counter drug sales, Indiana Poison Center calls, etc.). Forty-six hospitals are included in the emergency department chief complaint pilot, and this data stream will eventually expand statewide. The ISDH will identify additional data streams, such as nurse hot-lines and urgent care centers during this grant year. The ISDH will seek to renew software and other agreements to allow the ISDH to receive and process call level identified data from the Indiana Poison Center.
Grantee Activity Progress:	The ISDH is utilizing the ESSENCE analyzing system to analyze incoming data streams and detect aberrations in normal data patterns. ArcGIS software has been purchased in will be installed within the next month to provide additional spatial analysis. Current data streams include chief complaints from ED visits in 67 hospitals (with an additional four in progress at grant year-end), and is well within the goal of connecting all

	hospitals scheduled for Year 2 enrollment. Additional data sources include over-the-counter drug sales and school absenteeism. At least one urgent care center was identified to be added in year 2, and additional data streams, such as university health care center data, were discussed.
Barriers:	Due to budgetary constraints, the Regenstrief Institute laboratory mapping data stream will be limited to the 17 Indianapolis-area hospitals. Due to budgetary constraints, the contract with the Indiana Poison Center could not be renewed, and that data stream is no longer available.
Evaluation Plan:	The ISDH will develop an internal PHESS protocol to evaluate alerts generated by ESSENCE and notify the appropriate ISDH field epidemiologist for further investigation. The ISDH will evaluate progress through testing and after action reviews. Alert follow-up will be tracked to determine the nature of the investigation performed, who performed the investigation, and the time frame in which the investigation was performed. This protocol will be distributed to in-house staff and field epidemiologists.
Evaluation Progress:	The ISDH has developed an internal PHESS protocol to evaluate alerts generated by ESSENCE. This protocol outlines the notification procedure for the appropriate field epidemiologist for further investigation. Alert follow-ups are tracked to determine the nature of the investigation (if any) performed, who performed the investigation, and the time frame. Alert follow-ups are evaluated to determine outcomes, such as which lead to outbreak investigations and which represent artifactual interference.

4A::CT3: Improve integration of existing health information systems, analysis, and distribution of information consistent with PHIN Preparedness Functional Area Early Event Detection.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59675
Grantee Activity:	The ISDH continues its NEDSS development activities using the PHIN standards. The ISDH is entering into a Memorandum of Agreement with Pennsylvania to obtain the Pennsylvania NEDSS (PA-NEDSS) system. This system can then be customized to meet specific needs of disease reporting and data analysis, including zoonotic diseases, for Indiana. The PHIN Manager will direct and supervise all PHIN-related IT activities; the PHIN Registry Analyst will be the primary maintenance person for all PHIN-related database applications within the Epidemiology Resource Center.
Grantee Activity Progress:	The source code for the PA-NEDSS system was received and assessed to determine revisions needed to support Indiana's reporting system. The Indiana system, or I-NEDSS, development is well underway. System architecture development was almost complete by grant-year end, and some disease-specific module development had begun. Development has included requirements necessary for PHIN compliance.
Barriers:	The ISDH has experienced delays in obtaining the signed MOU from Pennsylvania, thereby delaying the implementation process.
Evaluation Plan:	The ISDH will review progress using quarterly progress reports. The ISDH will customize the PA-NEDSS system according to need.
Evaluation Progress:	The ISDH will review the current PA-NEDSS and customize it according to need. The customized system will be reviewed and modified following testing phases. These phases including in-house user case scenarios, local health department and health care provider testing, a pilot roll-out, and a full roll-out.

4A::CT4: Improve effectiveness of health intelligence and surveillance activities.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59690
Grantee Activity:	The ISDH will continue to subscribe to journals and purchase books that allow the ISDH to remain informed in current practice of epidemiology, surveillance and investigation, and on important information regarding emerging and re-emerging infectious diseases. ISDH will also continue to maintain partnerships with private and public sector educational and training facilities such as the Indiana University Department of Public Health, Indiana University Mid-America Public Health Training Center, the University of Illinois to maintain resources and continuing educational opportunities offered through MARPHLI and the LMS system for state and local level personnel. The ISDH will continue to support travel-related activities, such as in-state travel for field epidemiologists, food security specialists and Surveillance and Investigation unit staff and out-of-state travel for Surveillance and Investigation Unit staff and food security specialists. This will allow staff members to support surveillance and investigation activities of local health departments, support food security evaluation and assessment activities, and attend conferences, meetings and trainings to enhance knowledge and skills for public health response. The Quality Assurance Epidemiologist will assess the timeliness of disease report investigation follow-ups monthly. In addition, the Quality Assurance Epidemiologist will assess the quality of disease report database entry and report retrieval on a quarterly basis. The Quality Assurance Epidemiologist will also review the PHESS alert follow-up database monthly to determine the quality and timeliness of follow-up. The Quality Assurance Epidemiologist will conduct at least one test of the 24/7 response capability of the Epidemiology Resource Center during this grant year.
Grantee Activity Progress:	The ISDH continues to subscribe to journals and purchase books that allow the ISDH to remain informed in current practice of epidemiology, surveillance and investigation, and on important information regarding emerging and re-emerging infectious diseases. ISDH maintained partnerships with private and public sector educational and training facilities such as the Indiana University Department of Public Health, Indiana University Mid-America Public Health Training Center, the University of Illinois to maintain resources and continuing educational opportunities offered through MARPHLI and the LMS system for state and local level personnel through the end of the fiscal year. Due to budget cuts, and changes in guidance requirements the only continuing education we will maintain for staff next fiscal year, is our joint partnership with the University of Illinois for continued access to the Learning Management System. We will pursue additional course offerings for the PHER, epidemiology, radiologic health, lab, food protection, and risk communication staff, by creating additional course linkages to other online Centers for Public Health Preparedness, as well as development of courses specific to activities that we engage in, which will allow other health department staff and new personnel, train according to the role they play within our program. The ISDH will continue to support travel-related activities for all program personnel, which will allow staff members to learn or enhance their knowledge and skills in this rapidly growing and changing field.
Barriers:	Many of these activities were based on the duties and responsibilities of the Quality Assurance Epidemiologist, but the individual that was hired for that position originally resigned to pursue other educational opportunities, so the position remained vacant for a number of months. That position was refilled after the fiscal year was already over, so much of the work that individual will be doing will now affect FFY 2006 rather than FFY 2005.
Evaluation Plan:	The Quality Assurance Epidemiologist documents the disease report investigation assessment and presents those findings to the Director of Surveillance and Investigation. PHESS alert follow-up database assessments will also be documented and shared with the Director of Surveillance and Investigation. Corrective or remedial action will be taken as necessary. The Quality Assurance Epidemiologist will compile test findings in an after-action report and share that information with the Director of Surveillance and Investigation.
Evaluation Progress:	The Quality Assurance Epidemiologist conducts semi-annual (previously quarterly) assessments of disease report investigation and tracking and presents those findings to the Director of Surveillance and Investigation. The ISDH will continue to review and improve protocols, procedures, surveillance activities, information dissemination, and analytic methods. The ISDH has developed an internal PHESS protocol to evaluate alerts generated by ESSENCE. This protocol outlines the notification procedure for the appropriate field epidemiologist for further investigation. Alert follow-ups are tracked to determine the nature of the investigation (if any) performed, who performed the investigation, and the time frame. Alert follow-ups are evaluated to determine outcomes, such as which lead to outbreak investigations and which represent artifactual

	interference. The Quality Assurance Epidemiologist will present findings from the 24/7 response capability test to the Director of Surveillance and Investigation.
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4A::CT5: Improve reporting of suspicious symptoms, illnesses or circumstances to the public health agency.

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59985
Grantee Activity:	The ISDH will improve reporting of suspicious symptoms, illnesses or circumstances to the public health agency with the development of the Indiana Health Alert Network (HAN). In addition, the ISDH will review and revise the Indiana Communicable Disease Reporting Rule to reflect changes in disease incidence and current science for surveillance and infection control. We will be enhancing HAN to both provide broader communication capabilities and reduce the time require to initiate a message. We will use our Indiana Health Portal to provide additional information. We are going to add a document storage / retrieval system to our IHAN system to provide a timely dissemination of information.
Grantee Activity Progress:	See Outcome 2A::CT1 for progress on the Indiana Communicable Disease Reporting Rule. We created a project to both improve the responsiveness of our HAN system and expand its functionality. We defined requirements and are currently programming the changes. The ISDH routinely issues information of public health importance via IHAN to health care providers, local health departments, and other partners.
Barriers:	The ISDH Communicable Disease Reporting Rule has not been revised due to staffing changes and unforeseen events that have required investigatory and professional resources. We created a project to both improve the responsiveness of our HAN system and expand its functionality. We defined requirements and are currently programming the changes.
Evaluation Plan:	For the HAN enhancements we will develop a project plan that will consist of establishing design requirements, approval by the HAN Steering Committee, development, testing, training and implementation. We will monitor progress against the plan.
Evaluation Progress:	The Indiana Communicable Disease Reporting Rule has been evaluated by individual epidemiologists. The team to revise the rule has been identified. The PHESS is routinely reviewed for validity of alerts and appropriate data streams. The influenza surveillance system is currently reviewed weekly to determine the number of regularly participating sentinel physicians, and based on that information, physicians are encouraged to routinely submit sentinel data. We completed a project to both improve the responsiveness of our HAN system and expand its functionality. As a result we have opened up our IHAN system to Local Health Departments. Due to contract problems, our third party communications will not put their changes in until 12/1. We created a document library as part of our Portal. .

4A::CT5a: Maintain a system for 24/7/365 reporting cases, suspect cases, or unusual events consistent with PHIN Preparedness Functional Area Early Event Detection.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress

Grantee Activity Id:	59691
Grantee Activity:	Through our growing Indiana Health Alert Network (IHAN) activities, the ISDH is developing the infrastructure for key parties to exchange information on outbreak detection and investigation. Currently, telephone communication through our existing duty officer system remains an efficient and timely mechanism for rapid reporting of disease outbreaks and acute health events that may be related to bio terrorism, but the HAN will provide an infrastructure within which communication can take place during the investigation of an event. We will be enhancing IHAN to improve our capabilities in this area. We will be providing peer-to-peer communications (e.g. an epi in one county can use IHAN to communicate directly with epis in other counties). We will also aggressively pursue using IHAN across jurisdictional boundaries. We will maintain a disaster recovery site to support 24/7/365 availability.
Grantee Activity Progress:	See Outcome 2A::CT1b. We created a project to both improve the responsiveness of our HAN system and expand its functionality. We defined requirements and are currently programming the changes.
Evaluation Plan:	For the IHAN enhancements we will develop a project plan that will consist of establishing design requirements, approval by the IHAN Steering Committee, development, testing, training and implementation. We will monitor progress against the plan. We will also test our disaster recovery site and redundant communication protocols to insure 24/7 availability. The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes.
Evaluation Progress:	The ISDH monitors progress via the duty officer log review and after action reports from exercises and response to real events. We completed a project to both improve the responsiveness of our HAN system and expand its functionality. Due to contract problems, our third party communications vendor will not put their changes into production until 12/1. As a result of the changes, we have opened up IHAN to our Local Health Departments. We completed an initial assessment of PHIN certification requirements for both our alerting system (Partner Communications and Alerting) and Outbreak Management.

4A::CT6: Increase number of local sites using BioSense for early event detection.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59693
Grantee Activity:	The ISDH will work with CDC to increase the number of Indiana sites using BioSense.
Grantee Activity Progress:	Hospital emergency department chief complaint data from 67 PHESS-enrolled hospitals are ready to send to the Bio-Sense program at the CDC via the PHINMS. The most recent version of PHINMS (2.6) is in place, the data transfer setup is being completed, and a data extract will be transmitted to the CDC by May 15, 2006. Data from hospitals connected into the PHESS in the future will also be integrated into Bio-Sense. By grant year-end, the ISDH had partnered with the Bio-Sense team to delineate transmission details and formulate a contract for Bio-Sense.
Evaluation Plan:	The ISDH will develop an evaluation plan as progress is made integrating with the BioSense system based on CDC recommendations. The ISDH will monitor progress through quarterly progress reports.
Evaluation Progress:	The ISDH Syndromic Surveillance Epidemiologist will develop an evaluation plan once the system is fully operational based on CDC recommendations.

Goal 5: Investigate

Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Outcome 5A: Potential exposure and disease will be identified rapidly, reported to multiple locations immediately, investigated promptly, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. Additionally, public health epidemiological investigation is coordinated with law enforcement and other appropriate agencies, including tribal and federal agencies.

5A::CT1: Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59695
Grantee Activity:	The ISDH will continue to expand the PHESS and the IHAN to facilitate early detection and mitigation of disease. See Outcome 2A and Outcome 4A. The ISDH will continue to support its year-round influenza sentinel physician surveillance program. The Respiratory Epidemiologist recruits one sentinel physician per 250,000 population. These physicians report incidence of influenza-like illness weekly to the ISDH, and also submit clinical specimens for testing at the ISDH Laboratories for characterization and sub-typing. During this grant year, the ISDH will procure and disseminate CLIA-waived tests to detect influenza A and B viruses in these specimens to sentinel physicians' offices to more quickly determine which viruses may be circulating.
Grantee Activity Progress:	See Outcome 2A and Outcome 4A. The influenza sentinel physician surveillance program operates year-round. Currently, 30 physicians serve as sentinel sites, and 21 sentinel physicians routinely reporting weekly influenza-like illness data. According to CDC guidelines, Indiana's population requires that 26 sentinel physicians routinely report weekly data. Sentinel physicians continue to collect clinical specimens and submit them to the ISDH Laboratories. The ISDH purchased and disseminated CLIA-waived rapid test kits for influenza detection in December.
Barriers:	Some sentinel physicians do not routinely report due to staffing issues, patient load, and lack of computer accessibility.
Evaluation Plan:	The ISDH Respiratory Epidemiologist will evaluate the influenza sentinel physician surveillance program quarterly to identify any gaps in participation and the utility of the CLIA-waived rapid influenza tests. This information will be shared with the Director of Surveillance and Investigation. The ISDH Syndromic Surveillance Epidemiologist will review the PHESS system on an ongoing basis to determine system problems and alternative data streams. This information will be shared with the Director of Surveillance and Investigation. The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes.
Evaluation Progress:	The ISDH Respiratory Epidemiologist evaluates influenza sentinel physician surveillance data twice weekly to identify any gaps in participation and the utility of the CLIA-waived rapid influenza tests. Surveillance data findings are disseminated to sentinel physicians every Friday. The ISDH Syndromic Surveillance Epidemiologist will review the PHESS system on an ongoing basis to determine system problems and alternative data streams. This information will be shared with the Director of Surveillance and Investigation. The ISDH monitors progress through documentation review, weekly progress reports, and through after action reviews of responses to real events and to hoaxes.

5A::CT2: Conduct epidemiological investigations and surveys as surveillance reports warrant.

Est. Completion Date:	08/30/2006
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Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59698
Grantee Activity:	The ISDH will ensure the necessary staff to maintain the reportable disease system through the existing network of field epidemiologists, subject matter epidemiologists, and support staff and supplies associated with these activities. During this budget cycle, the ISDH will continue its efforts to identify a vendor to provide on-demand courier service to transport clinical specimens from hospitals and local health departments in the event of an outbreak.
Grantee Activity Progress:	The ISDH maintains a network of nine field epidemiologists, a Field Epidemiology Director, and several subject matter epidemiologists supervised by the Director of Surveillance and Investigation. The ISDH has designated the Director of Surveillance and Investigation as the Epidemiologic Response Coordinator and BT Epidemiologist for Indiana. One state-funded Chief Nurse Consultant position was vacated on January 4, 2005. Numerous attempts to fill the position were unsuccessful, so the position is in progress of being reclassified as an Epidemiologist. The Quality Assurance Epidemiologist position was vacated in July 2006; A state-funded Tuberculosis Epidemiologist position has been created and in progress of being filled. All other positions are filled. The ISDH is seeking a vendor to provide the on-demand courier service. Public safety personnel, local health department personnel, field epidemiologists and other epidemiology staff members transport clinical specimens if necessary to the ISDH Laboratories.
Barriers:	Few qualified applicants are identified for the Chief Nurse Consultant position due to low salary levels as compared to local hospitals and other medical facilities. The position was eventually reclassified to an Epidemiologist position to broaden the pool of applicants. To date, no suitable courier has been identified. The ISDH has contacted other states for input, but others have encountered the same challenges identifying suitable couriers.
Evaluation Plan:	The ISDH Director of Surveillance and Investigation will identify and fill any vacancies that arise to maintain a quality staff to meet the epidemiologic needs for Indiana. The Director will also ensure adequate staffing coverage during working hours and availability of staffing after hours. The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes.
Evaluation Progress:	The ISDH Director of Surveillance and Investigation has hired a Field Epidemiology Director, a Chief Nurse Consultant, an Enteric Epidemiologist (all state-funded), a Syndromic Surveillance Epidemiologist, and a Biostatistician (both funded through this cooperative agreement) since the start of the grant year. The Field Epidemiology Director has hired two field epidemiologists (both funded through this cooperative agreement) since the start of the grant year. In addition, continuity of operations plans have been drafted to ensure adequate staffing availability.

5A::CT3: Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59701
Grantee Activity:	The ISDH will finalize the Indiana Epidemiology Response Plan. This plan will include the Indiana Pandemic Influenza Response Plan and the protocol for investigating a positive "hit" from an early detection device. The plan will be updated as necessary to improve our response to food-, water-, or air-borne diseases or threats. The ISDH will maintain field epidemiologists and field public health coordinators in each of the 10

	<p>Homeland Security Districts to assist local health departments and their partners in planning and implementing a regional response to a public health emergency, including coordination and staffing of mass prophylaxis clinics and coordination and staffing to support isolation and quarantine orders within those districts. The ISDH will support grants to local health departments to provide those agencies with the capacity to hire local public health coordinators within their respective jurisdictions for planning and coordinating a local response to a public health emergency, including mass prophylaxis and to support isolation and quarantine orders. The ISDH has demonstrated over the past year through handling multiple outbreaks of enteric and other illnesses that we can mount a rapid and effective response to these outbreaks. The ISDH will continue to work through its Food Protection Program to improve ISDH staff's capability to conduct environmental inspections and track food complaints and inspections using the Food Inspection Regulatory Management System (FIRMS). This system allows for the automation of much of the inspection procedure and for rapid and effective response to food-related public health emergencies. The ISDH will continue to support its Food Security Task Force, composed of appropriate stakeholders from the food industry, state and local public and environmental health, and other parties. The ISDH will continue to support its food security scientists, who work with suppliers to enhance their security. These staff members make direct assessments of the security infrastructure of food suppliers and recommend changes to policies and procedures to improve security. They also provide training to food suppliers in security and risk assessment. The ISDH, through its chemical epidemiologist, will support response plans and integrate with internal and external partners to address issues of chemical terrorism. The ISDH will partner with the Indiana Department of Homeland Security and will participate with that agency and other state, local and federal agencies for purposes of coordinating investigation and response to public health emergencies. The ISDH will work with IDHS and other state agencies in utilizing the Muscatatuck Urban Training Center for planning, training, and the conduct of drills on our state's public health emergency plans to improve preparedness. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations.</p>
Grantee Activity Progress:	<p>The Indiana Epidemiology Response Plan currently exists in draft form. Revision is underway and scheduled for completion by August 30, 2007. Completion will include at least one exercise. The Indiana Pandemic Influenza Response Plan has been developed and was submitted to CDC in August, 2005. At grant year-end, the plan was being revised. The ISDH currently supports nine field epidemiologists and ten public health coordinators in each of the ten Homeland Security Districts. The ISDH currently supports radiological health staff, a chemical epidemiologist, and food security staff to support BT/CT/Rad planning and response activities. The ISDH currently maintains grants to local health departments enabling those agencies to employ local public health coordinators to plan for and implement emergency response in those jurisdictions. ISDH currently partners with the IDHS and attends biweekly meetings of the homeland security work group, and monthly meetings of the Counter Terrorism Security and Advisory Council. Planning is underway with the IDHS for a computer simulated pandemic influenza exercise scheduled for October, 2006, followed by a full-scale exercise at Muscatatuck Urban Training Capability for March, 2007. The ISDH supports grants to local health departments to fund local public health coordinators within their respective jurisdictions for planning and coordinating a local response to a public health emergency, including mass prophylaxis and to support isolation and quarantine orders. Thirteen local health departments currently use the web-based retail licensing component of FIRMS with 41 local health departments waiting for connection. Approximately one new local health department will be connected each month. Four local health departments and one university are using the electronic inspection capability; IT staff is currently working to allow these reports to be uploaded into a central data warehouse. The ISDH continues to support two food defense coordinators. The last Food Security Task Force meeting was held in July, 2006. The task force has expanded to include representatives (one from a local health department and the district public health coordinator) from each of the ten preparedness districts. The ISDH received a Food Safety and Defense Task Force grant to host three task force meetings per year. The task force is also defining future objectives and direction. The ISDH Food Emergency Response Plan (FERP) is in final draft form and ready for review by the Task Force. Once completed, the ISDH will work with other stakeholders to develop a statewide FERP to include in the state response plan. State and local food inspectors are incorporating food defense prevention and response into routine inspections. An educational program will be developed based on identified gaps. The ISDH has partnered with the Indiana Department of Homeland Security, the Indiana Board of Animal Health, the Indiana Department of Agriculture, and Purdue University to develop district workshops on food and agricultural terrorism. Topics include risk of food and agricultural terrorism, state preparedness efforts, and local preparedness efforts. One of the food defense coordinator serves as the chairperson of the ASTHO Food Defense Committee.</p>
Barriers:	<p>Lack of IT resources for the scope of the FIRMS project has significantly impacted the progress of this deliverable. The IT employee assigned to this project left employment with ISDH on June 9, and the position remained unfilled due to salary issues. A vendor is being identified to assess the status of the FIRMS project, conduct a gap analysis, and make recommendations. Lack of a national established system has also required each state to develop systems independently without consistency or a central repository in which to send data. The development of the</p>

	Epidemiology Response Plan has not moved forward as expected due to staffing issues and unforeseen health events. The plan should be completed by the end of the grant year.
Evaluation Plan:	The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes. The ISDH Epidemiology Resource Center will exercise the Indiana Epidemiology Response Plan at least once during this grant year. The ISDH will also conduct a pandemic influenza exercise at least once during this grant year. The results of these exercises will be summarized in an after action report and distributed to internal and external partners.
Evaluation Progress:	The ISDH monitors progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes. An outbreak log documenting dates and times of outbreak notification and response has been established with shared access.

5A::CT4: Have or have access to a system for an outbreak management system that captures data related to cases, contacts, investigation, exposures, relationships and other relevant parameters compliant with PHIN preparedness functional area Outbreak Management.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59703
Grantee Activity:	The ISDH has developed a web-based outbreak management system that captures data related to cases, contacts, investigation, exposures, relationships and other relevant parameters that is PHIN compliant. This system has been customized to build on familiarity with other systems (Epi Info) and for ease of use in the field.
Grantee Activity Progress:	The outbreak management system is fully operational and accessible via the secure ISDH health portal. Although this system was developed to be PHIN compliant, it is currently being assessed for PHIN compliance using the CDC assessment tool. Since modifications would need to be made to the system for PHIN compliance, training has been postponed until modifications are complete.
Barriers:	Due to staffing issues and real-time public health events, progress on this task has been delayed. The system itself is currently being assessed for PHIN compliance using the CDC assessment tool.
Evaluation Plan:	The system may be further customized as necessary for ease of use. The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes.
Evaluation Progress:	This system will be further customized as necessary based on improvements identified using the CDC assessment tool for PHIN compliance.

Goal 6: Control

Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Outcome 6A: A continuous flow of critical information is maintained among emergency responders, command posts, agencies, and government officials for the duration of the emergency response operation.

6A::CT1: Decrease the time needed to communicate internal incident response information.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59895
Grantee Activity:	The ISDH will utilize ICS and NIMS to support the agency's operations and Department Operations Center. Agency operations will include intelligence gathering from surveillance and epidemiology and with the ISDH laboratory. Agency operations will include coordination with the Indiana Department of Homeland Security, including direct linkage with state 24/7 Emergency Operations Center. State Emergency Operations Center utilizes state and federal agency notification protocol. The ISDH will maintain 24/7 agency duty officer and contact. The ISDH will maintain central office and field staff emergency preparedness personnel with primary, secondary, and redundant communications. Emergency Preparedness staff will be equipped with laptop computers, air cards for wireless communications, cell phones and/or Blackberry devices for phone and electronic mail communications, and 800 Mhz. radios for redundant communications. The ISDH will maintain grants with local health departments and will provide local health departments with laptop computers, Blackberry devices, and 800 Mhz. radios. The ISDH will maintain and update emergency contact information for state and local public health responders. The ISDH will exercise its communications network on a monthly basis. The ISDH will implement the IHAN with cascading capacity that will be used to alert and provide information updates to state and local partners. The ISDH has implemented a voice and fax broadcasting system for redundant communications, and will enhance and test that system. We are making improvements to our broadcasting system to decrease the time required to initiate messages. Currently we have to manually transfer files and call our message broadcast providers to initiate the message. We will be creating a Web based interface to automatically initiate the process. ISDH will also solicit information to procure satellite redundant communications and equipment in case of multiple primary communication failures.
Grantee Activity Progress:	ISDH staffs are trained in ICS and NIMS. The ISDH has a DOC and DOC SOP complete with staffing assignments, and routinely exercises the DOC. The ISDH has activated the DOC for public health emergencies and exercises. The ISDH exercises its communications equipment with state staff on a monthly basis. The ISDH has deployed laptops, cell phones and Blackberry devices, and 800 MHz. radios to state staff, and to local public health coordinators under our current grant program with local health departments. The ISDH maintains and updates emergency contact information for local and state staff responsible for emergency response. The ISDH has developed a Health Alert Networking system and completed the piloting of that system within the agency. The IHAN is fully operational and is tested at least monthly. The IHAN was utilized to solicit volunteers and supplies and equipment support for deployments to Mississippi following Hurricane Katrina. The ISDH has entered into a contract for the development of a voice and fax broadcasting system. The ISDH has purchased two satellite phones and has secured preparedness and pandemic influenza funding for the purchase of additional phones and remote communications equipment for use in the event of multiple communications failures.
Evaluation Plan:	The ISDH will monitor progress through the use of drills and exercises, and through after action reviews following response to real events or hoaxes. For the improvements to our messaging process, we will develop a project plan for the activities that will consist of establishing design requirements, approval by the HAN Steering Committee, testing, training and implementation. We will monitor progress against the plan.
Evaluation Progress:	The ISDH has fully equipped district and central office staff, and local public health responders. The ISDH tests communications at least monthly, and keeps a log of tests. The ISDH participates in state and local exercises that test components of horizontal and vertical communications, and maintains AARs from those events and exercises. We have added Tac Paks with satellite voice and data communications to provide additional redundancy. We purchased a High Frequency radio to provide additional communication redundancies. We have a disaster recovers site with all critical data mirrored real time. We enhanced our HAN system to allow Local Health Departments to use its capabilities.

6A::CT1a: Develop and maintain a system to collect, manage, and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59873
Grantee Activity:	The ISDH will utilize the state Epidemiology Resource Center for epidemiologic investigation and disease information. The ISDH will utilize the ISDH laboratory and the LRN for laboratory analysis and timely reporting. The ISDH will implement a Laboratory Information Management System. The ISDH will exercise SOPs for the agency DOC. The ISDH will develop standards for After Action Reviews. The ISDH will train staff designated to support the agency DOC with journal training as part of their DOC development. The journal will be the tool that will enable staff to collect, manage, and coordinate information during an incident. The journal will also serve as a record of tasking and resource allocation. The use of standardize AARs will enable staff to capture the barriers to task completion.
Grantee Activity Progress:	The ISDH utilizes the Epidemiology Resource Center to investigate and track disease outbreaks, and the state epidemiologist has a seat in the Department Operations Center. The ISDH laboratory is part of the LRN, and the state laboratory director has a seat in the Department Operations Center. The ISDH Laboratory has procured a LIMS product, STARLIMS. Phase one implementation has begun. The ISDH has a DOC and DOC staff assignments, and has developed SOPs for the DOC. The ISDH has conducted limited exercises of the DOC. The ISDH is developing training on the DOC.
Barriers:	Working through funding issues regarding Direct Assistance funding between Indiana and StarLims, that might have been avoided if Indiana could have directly contracted with StarLims. As a result of DA Funding issues, Indiana lost approximately \$550,000 in funding for which we now have to use other funds to secure the services necessary for implementation of the LIMS system.
Evaluation Plan:	Actual events and planned exercises will serve as the tools to evaluate our status on journals and AARs, and our capacity for collecting and managing response information.
Evaluation Progress:	The ISDH has developed a logging or tracking system for disease investigations of public health significance. The ISDH conducts AARs of events and exercises, and maintains those AARs. The ISDH AARs follow a standard format developed by the Bio Terrorism Director. The ISDH DOC staff has been trained and exercised in DOC responsibilities.

6A::CT2: Establish and maintain response communications network.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59898
Grantee Activity:	Agency operations will include coordination with the Indiana Department of Homeland Security, including direct linkage with state 24/7 Emergency Operations Center. State Emergency Operations Center utilizes state and federal agency notification protocol. The ISDH will maintain 24/7 agency duty officer and contact. The ISDH will maintain central office and field staff emergency preparedness personnel with primary, secondary, and redundant communications. Emergency Preparedness staff will be equipped with laptop computers, air cards for wireless communications, cell phones and/or Blackberry devices for phone and electronic mail communications, and 800 Mhz. radios for redundant communications. The ISDH will maintain grants with local health departments and will provide local health departments with laptop computers,

	Blackberry devices, and 800 Mhz. radios. The ISDH will maintain and update emergency contact information for state and local public health responders. The ISDH will exercise its communications network on a monthly basis. The ISDH will implement the IHAN with cascading capacity that will be used to alert and provide information updates to state and local partners. The ISDH has implemented a voice and fax broadcasting system for redundant communications, and will enhance and exercise that system. We also have a disaster recovery site that provides backup capabilities to many of our communication capabilities.
Grantee Activity Progress:	The ISDH has exercised its communications equipment with state staff and local preparedness staff on a monthly basis. The ISDH has deployed laptops, cell phones and Blackberry devices, and 800 MHz. radios to state staff, and to local public health coordinators under our current grant program with local health departments. The ISDH maintains and updates emergency contact information for local and state staff responsible for emergency response. The ISDH has developed and gone operational with a Health Alert Networking system. The ISDH has entered into a contract for the development of a voice and fax broadcasting system. The ISDH has purchased two satellite phones to use in the event of multiple communications failures, and is purchasing additional satellite communications equipment. The ISDH has developed a communications plan for use of redundant communications tools, and has developed a communications plan for the SNS distribution system.
Barriers:	Some redundant tools such as radios are not usable in the southern part of the state due to terrain and the lack of towers. Indiana is currently constructing additional towers to close that gap. Other tools are available and used currently.
Evaluation Plan:	The ISDH will monitor progress through the use of drills and exercises, and through after action reviews following response to real events or hoaxes.
Evaluation Progress:	The ISDH exercises its written communications plans and communications equipment on a monthly basis. The ISDH maintains AARs on responses to events and exercises, and those AARs include identified deficiencies and corrective actions for communications. We are continuing with our monthly communication checks between districts and with the ISDH. We have also started communication tests through our IHAN system for implementing our SNS plan and for invoking the Emergency Operations Center. We have added Tac Paks with satellite voice and data communications to provide additional redundancy. We purchased a High Frequency radio to provide additional communication redundancies. We have a disaster recovery site with all critical data mirrored real time. We enhanced our HAN system to allow Local Health Departments to use its capabilities. We also built on our HAN investment by providing "specialized" access to IHAN for media messages, SNS contacts, etc.

6A::CT3: Implement communications interoperability plans and protocols.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59900
Grantee Activity:	The ISDH will develop communications protocols for use of the 800 Mhz. radio system. The ISDH will train state and local responders on communications protocols and use of equipment. The ISDH will work with the Indiana Department of Homeland Security and other state agencies to continue to support the development of state communications infrastructure to achieve 100% interoperability in and among all 92 counties and with various public health, health, and public safety responders. We will also integrate our high frequency radio into our

Grantee Activity Progress:	The ISDH has supported state infrastructure to establish zone controllers and towers in various parts of the state to achieve interoperability. That work is ongoing in the southern part of the state where glacial and other topographical patterns interfere with communications equipment and service. The ISDH has distributed 800 MHz radios to state public health staff and to local health departments. The ISDH is currently developing protocols for use of radios, and has begun to exercise communications using radios using monthly communications drills. We currently are in the process of purchasing high frequency radios.
Barriers:	Tower infrastructure in southern part of the state is proceeding, but absence of towers renders some parts of state unavailable for using radios.
Evaluation Plan:	Communications interoperability will be monitored using exercises and drills, and through after action reviews of response to real events and hoaxes.
Evaluation Progress:	The ISDH has written communications plans and protocols for radio use and also for supporting communications for our SNS plan. The ISDH has conducted training of public health personnel on use of radios and on protocols, and maintains records of that training. The ISDH exercises communications equipment at least monthly and logs results. The ISDH prepares and maintains AARs on responses to events and on exercises, and those AARs include deficiencies and corrective actions regarding communications. We are continuing with our monthly radio checks. We have monthly radio checks between all LHDs in a county. We also have monthly radio tests between districts and with the ISDH. We have purchased a High Frequency radio and satellite phones to provide redundant communication capabilities.

6A::CT4: Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59901
Grantee Activity:	ISDH will use an 800 Mhz system for redundant communications. ISDH will also deploy satellite phones in strategic areas in state for further communications capacity. Neither of these utilizes the same communications infrastructure as primary system. We also have separate facilities for broadcasting e-mail, voice and fax messages through our HAN system. We will have a disaster recovery site which will provide alternative communications / Internet access. We have a backup operations center that will provide access to a separate phone exchange to provide additional redundancy. In addition we will be procuring a high frequency radio that will provide additional capacity for emergency communications with key partners such as the Indiana Department of Homeland Security, Indiana National Guard, Law Enforcement, CDC and other federal partners, as well as local level first responders.
Grantee Activity Progress:	The ISDH has deployed radios to state and local public health responders. The ISDH has purchased two satellite radios and is soliciting proposals to purchase and deploy a high frequency radio. We have established and gone operational with a disaster recovery site and alternate operations center. The ISDH partners with the Indiana Office of Technology and participates with that office in establishing disaster recovery plans. MOU has been written with the Indiana Public Safety Commission to continue Operation Hoosier SafeT, the integrated and interoperable communications system for the State of Indiana. Infrastructure equipment for the 3 base station sites in southern Indiana is in procurement process. Estimated completion date of the system (whole) is still early 2007.
Barriers:	Tower infrastructure in southern part of state is incomplete but progressing.
Evaluation Plan:	Activity will be measured using after action reviews of communications exercises and drills, and from response to real events and hoaxes. We will have tests at our disaster recovery site to insure we have redundant communications capabilities.

Evaluation Progress:	The ISDH has provided radios to public health responders, and training on those radios. The ISDH has purchased satellite phones. The ISDH has established communications protocols for use of redundant equipment. The ISDH tests redundant communications equipment at least monthly. The ISDH has prepared and maintains AARs from response to events and from exercises. AARs identify deficiencies and corrective actions for communications components. We currently are working on multiple levels of backup for both our voice and data communications systems. We have a backup Disaster Recovery in which our data is fully mirrored. In addition we have further redundancies with an external partner (NNC) for voice broadcast capabilities. We purchased Tac Paks with satellite voice and data services for our District Coordinators. We had a live test of our communications backup when the ISDH and the State of Indiana IT e-mail services were down. We were able to notify field staff through backup capabilities at our Disaster Recovery site. We purchased a High Frequency to provide additional communication capabilities.
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6A::CT5: Increase the number of public health experts to support incident command (IC) or unified command (UC).

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59910
Grantee Activity:	The ISDH will support a DOC and assign staff, including epidemiology and lab staff, and subject matter experts in radiologic and environmental health, to support DOC functions. This staff will serve as part of a public health functional area supporting the state's emergency operations center. The ISDH will support grants to local health departments for those agencies to employ staff to provide public health subject matter expertise to agency DOCs and to county EOCs. The ISDH will utilize ICS and NIMS to support agency operations. The ISDH will partner with the Indiana Department of Homeland Security to provide NIMS training to public health responders. The ISDH will also utilize NIMS training developed under contract specific for public health responders, and provide that training to local and state public health staff.
Grantee Activity Progress:	The ISDH currently maintains an agency DOC and has established protocols for its use and operations. The ISDH has assigned and trained public health staff to support the DOC and the state's EOC. The ISDH currently supports LHDs in hiring and training local preparedness staff to support local agency operations. ISDH currently has a core of experienced NIMS trained public health experts who are providing the foundation for ISDH to train new public health responders. ISDH has also provided information on other training and exercise opportunities that are available to our first responders in incident command and unified command. We have conducted 10 exercises with our DOC in support of exercises conducted in our districts using the incident command format. ISDH has an aggressive training program for its first responders. We have developed and conducted NIMS classes developed for public health professionals. We have participated in local and district exercises that use IC/UC concepts. We are exposing our first responders through the use of training and exercises. We participated in Operation Hoosier Relief, wherein a half dozen state agencies comprised a self-sustaining task force that rendered relief to Mississippi following Hurricane Katrina. That task force encompassed approximately 500 volunteers from multiple disciplines, and was deployed for six weeks. The task force has an incident commander and followed the NIMS IC format. Each discipline was formed into a functional area. The medical functional area utilized 79 public health and medical volunteers, and 30 mental health volunteers. This functional area had a medical lead that reported to the IC. All volunteers were trained in IC prior to their deployment. Volunteers came from private and public sector entities. The ISDH also sponsored legislation this session to create and establish mobile support units for response inside and outside state. Those teams are being formed and trained in IC.
Barriers:	Lack of consistent direction from federal authorities on necessary required training in NIMS. NIMS Integration Center and DHS assert training required for all responders in multiple NIMS courses. CDC requirement for public health limited to NIMS IS 700. Inconsistency creates confusion and hardships between local partners.
Evaluation Plan:	The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes. The ISDH has developed a tracking system of our NIMS certified first responders. ISDH also reviews copies of AAR from the exercises to ensure that incident command guidelines were followed.

Evaluation Progress:	The ISDH monitors NIMS compliance if taken through the LMS. LMS monitored monthly. The ISDH tracks NIMS compliance for state and local public health responders. For the current grant year, 159 state and local public health personnel have enrolled in the IS 700 through the LMS, and 93 have completed the course to date. Another 65 state and local public health first responders have otherwise registered for and completed the IS 700. Other responders, including 109 public health, medical, and mental health responders were trained in incident command as part of deployment following Hurricane Katrina. ISDH maintains a log of those responders. ISDH maintains AARs of responses to events and of exercises. AARs reflect deficiencies and corrective actions for incident command.
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6A::CT6: Increase the use of tools to provide telecommunication and information technology to support public health response.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59907
Grantee Activity:	The ISDH is in the process of implementing an Indiana Health Alert Network system with cascading features to ensure information exchange with local and state partners. As part of this the ISDH will implement a broadcast voice and facsimile alerting system. The ISDH will maintain redundant communications systems using wireless internet and 800 Mhz radios. We will be making enhancements to HAN to support additional security, access to archived documents, increased access to partners and PHIN MS changes to support Common Alerting Protocol (CAP). In addition we will be procuring a high frequency radio that will provide additional capacity for message relay and emergency communications with other coordinating and response entities such as CDC/other federal agencies, the Indiana Department of Homeland Security, Indiana National Guard, State Police, as well as local level first responders.
Grantee Activity Progress:	ISDH has developed and gone fully operational with our IHAN system, and used that system following Hurricane Katrina to solicit volunteers for deployment and to solicit supplies and equipment for the deployment. The ISDH has signed a contract with a vendor for broadcast voice and facsimile alerting. The ISDH maintains cell phone and wireless data connections and communications tools (Blackberries), along with 800 Mhz radio communications, with all state and local public health response staff.
Evaluation Plan:	The ISDH will monitor this activity through quarterly progress reports and documentation review. For the HAN enhancements, we will develop a project plan that will consist of establishing design requirements, approval by the HAN Steering Committee development, testing, training and implementation. We will monitor progress against the plan.
Evaluation Progress:	ISDH has developed and gone fully operational with our IHAN system, and used that system following Hurricane Katrina to solicit volunteers for deployment and to solicit supplies and equipment for the deployment. ISDH maintains information regarding HAN alerting and acknowledgments. ISDH tests HAN monthly. The ISDH maintains cell phone and wireless data connections and communications tools (Blackberries), along with 800 Mhz radio communications, with all state and local public health response staff. ISDH tests telecommunications network at least once monthly. We have established a disaster recovery site with key data mirrored real time. As a result, our HAN system operates even when servers and telecommunications go down; as demonstrated during a recent server failure at the agency. We enhanced our HAN system to allow Local Health Departments to access it directly.

6A::CT6a: Ensure that the public health agency has "essential service" designation from their telephone provider and cellular telephone provider.

Est. Completion Date:	08/30/2006
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Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59995
Grantee Activity:	The ISDH will work with the Indiana Office of Technology and with all of our communication vendors to establish an "essential service" designation in the event of a declared emergency.
Grantee Activity Progress:	We currently have redundancy in our communication capabilities and will contact our communication vendors to secure the designation.
Evaluation Plan:	We will have a documented confirmation.
Evaluation Progress:	We have implemented GETS communication services for key ISDH staff to provide essential communications services. IOT has secured preferred status with our cellular and voice communication vendors.

6A::CT6b: Ensure that the public health agency has priority restoration designation from their telephone provider.

Est. Completion Date:	12/31/2005
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59993
Grantee Activity:	The ISDH will work with the Indiana Office of Technology and with all of our communication vendors to establish a priority designation in the event of a declared emergency.
Grantee Activity Progress:	We currently have redundancy in our communication capabilities. In addition, the ISDH has been approved to use GETS. During an incident the phone systems quickly become overwhelmed and calls in and out are blocked. GETS has an exemption from control restrictions and establishes a priority in the signaling network. In New York City and Washington during 9/11 10,000 GETS calls went through with a 95% first pass completion rate. The service is currently available to ISDH central office and district field staff in emergency preparedness, as well as our state health commissioner and executive staff. All of these staff members have been issued GETS cards with instructions and security access codes. ISDH has also requested our telephone service providers to designate the agency for telephone priority service for other agency functions. Our cellular provider has confirmed priority designation in writing. Our standard telephone service provider has confirmed priority designation verbally. We have requested and are awaiting written confirmation.
Evaluation Plan:	We will have a documented confirmation.
Evaluation Progress:	We have implemented GETS communication services for key ISDH staff to provide essential communications services. IOT has secured preferred status with our cellular and voice communication vendors.

6A::CT7: Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59909
Grantee Activity:	The ISDH is implementing the an Indiana Health Alert Network system with cascading capacity that will be used to alert and provide information updates to state and local partners. As part of this, the ISDH will maintain a voice and fax broadcasting system for redundant communications. We intend to enhance our HAN system to decrease our overhead in initiating alert messages. We will automate our interface to the vendor that provides fax and voice capabilities. Currently we have to manually transfer files and call them to initiate the message. We will be creating a Web based interface to initiate the process. We are also automating our internal procedures for approving an alert. Instead of relying complete on manual notification that there is a message to approve, we will automatically issue redundant voice and e-mail (i.e. Blackberry notification) messages with an escalation procedure if the message is not approved. Also, in conjunction with our PHIN preparedness measures, we will be developing electronic PHIN MS messaging following Common Alerting Protocols (CAP).
Grantee Activity Progress:	The ISDH is piloting a Health Alert Network system within the agency, with plans to take it on line with all local health departments this Fall. The ISDH has signed a contract with a vendor for broadcast voice and facsimile alerting. The ISDH currently uses 24/7/365 contact information to make person to person contact by telephone and electronic mail.
Evaluation Plan:	The ISDH will evaluate progress through quarterly progress reports and documentation review. For HAN enhancements, we will develop a project plan that will consist of establishing design requirements, approval by the HAN Steering Committee, development, testing, training and implementation. We will monitor progress against the plan.
Evaluation Progress:	We currently have fully implemented our IHAN system. It is a redundant system that conforms to CDC requirements. We completed enhancements to the HAN system to allow access by local Health Departments. We completed a prototype to support electronic messaging with Michigan, Minnesota and Wisconsin. We completed an initial assessment of PHIN Partner Communication and Alerting Certification requirements.

Outcome 6B: The public is informed quickly and accurately, and updated consistently, about threats to their health, safety, and property and what protective measures they should take.

6B::CT1: Decrease time needed to provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disabilities, medical conditions, or other special health care needs, requiring attention.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59087
Grantee Activity:	The ISDH will maintain crisis communications staff including field staff deployed throughout the state, one in every two homeland security districts in Indiana. We will continue to provide risk communication training to select ISDH staff and to local health departments to improve their ability to respond efficiently and accurately during an incident. We will also continue to maintain and update our own crisis communication plan and 24/7 contact lists and will assist local health departments with the development and maintenance of their own local crisis communication

	plans and 24/7 contact lists. Methods of information dissemination to the public will include the media, the ISDH Web site, and through partners and stakeholders via the Indiana Health Alert Network. Our contact lists will include individuals or organizations that can help quickly reach special populations in a given county, such as Amish communities or those with special medical or mental health needs. Translation and interpretation services, especially Mexican-dialect Spanish, can be provided via the ISDH Office of Minority Health.
Grantee Activity Progress:	Five Field Public Information Officers have all received Crisis and Emergency Risk Communication training and have provided training to local health departments. Field PIOs are also supporting local health departments in development and maintenance of local crisis communication plans and 24/7 contact lists. A majority of local health departments have submitted written plans. Review and revisions are ongoing activities. One of the PIO positions was recently vacated, and a replacement is currently being found. Plans are already in place to utilize the ISDH Office of Minority Health for translation and interpretation services, especially Mexican-dialect Spanish. The Indiana Health Alert Network is fully operational. Media outlets are currently being added to the system.
Evaluation Plan:	We will have provided risk communication training to all selected ISDH staff and all local health departments. The ISDH crisis communication plan and 24/7 contact lists will be updated and all local health departments will have a completed local crisis communication plan and 24/7 contact lists. We will use exercises and real world events to test our ability to disseminate appropriate information quickly to the affected public. We will monitor progress through quarterly progress reports.
Evaluation Progress:	The ISDH maintains a written statewide crisis communications plan, and also maintains written plans submitted by local health departments. The ISDH provides training in crisis communications and logs training events. We are building on the communication capabilities of our IHAN system and initiated a project to register all media contacts. Our state and district PIO staff will have the ability to use our redundant IHAN communications capabilities to broadcast messages to radio stations, TV stations and newspapers. IHAN is tested at least once monthly. The ISDH exercised crisis communications capacity during a series of recent spring tornados, and by deploying our Crisis Communications Director to Mississippi to support the Indiana task force responding to Hurricane Katrina. The ISDH maintains an AAR of that deployment reflecting deficiencies and corrective actions for crisis communications.

6B::CT1a: Advise public to be alert for clinical symptoms consistent with attack agent.

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59101
Grantee Activity:	Fact sheets on possible attack agents will be made available on the ISDH Web site. Informational brochures on possible attack agents will be sent to local health departments and other organizations that can distribute the brochures at the local level. The fact sheets and brochures will also be available in Mexican-dialect Spanish. Information about clinical symptoms will also be made available to the public through the media, the ISDH Web site and through partners and stakeholders via the Indiana Health Alert Network. Epidemiologists and other experts will be available to discuss clinical symptoms with media outlets.
Grantee Activity Progress:	1. The fact sheets are already posted on the ISDH Web site and the brochures have already been developed and printed. Some are being distributed to local health departments already while many more are being stored in case of an event. 2. Several experts are available at ISDH

Evaluation Plan:	The fact sheets will continue to be available on the ISDH Web site and a portion of the brochures will be sent to local health departments and other organizations that can distribute the brochures at the local level. Our 24/7 contact lists will include a list of experts who can discuss clinical symptoms associated with various attack agents. The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes.
Evaluation Progress:	The ISDH maintains a web site where this information can be viewed. The ISDH maintains this information in hard copy. The ISDH enhanced the IHAN system to support communications with the Media. We are currently registering the media contacts. Our state and district PIO staff will have the ability to use our redundant IHAN communications capabilities to broadcast messages to radio stations, TV stations and newspapers. We have also implemented a document library on our portal. Documents and other information can be stored there and made available to hospitals, Local Health Departments and PIOs.

6B::CT1b: Disseminate health and safety information to the public.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	100%
Grantee Activity Id:	59103
Grantee Activity:	Using the ISDH Crisis Communication plan, we will disseminate health and safety information to the public through a variety of sources. The Crisis Communication plan includes detailed procedures and responsibilities for ISDH Office of Public Affairs staff. We would implement strategies such as press releases to the media, printed materials on the ISDH Web site, and direct contact with local health departments and other partners/stakeholders via phone, e-mail or the Indiana Health Alert Network to ensure a consistent message.
Grantee Activity Progress:	The ISDH Crisis Communication plan already exists. It was last updated in February 2006, and contact information was updated in August 2006. Office of Public Affairs staffers have pagers and Blackberry devices and can be reached 24/7 for possible mobilization. This includes the Risk Communication Director, the ISDH Web Programmer and the five Field Public Information Officers. The Indiana Health Alert Network is fully operational.
Evaluation Plan:	We will use quarterly progress reports, drills, exercises and real world events to evaluate our ability to disseminate appropriate health and safety information quickly and effectively.
Evaluation Progress:	The ISDH maintains a Crisis Communications Plan. The ISDH develops and maintains AARs from events and exercises that reflect deficiencies and corrective actions in crisis communications. The ISDH provides training and information on crisis communications, and tracks the delivery of those services. The ISDH enhanced the communication capabilities of our IHAN system and initiated a project to register all media contacts. Our state and district PIO staff have the ability to use our redundant IHAN communications capabilities to broadcast messages to radio stations, TV stations and newspapers. We conduct monthly tests of our IHAN system.

6B::CT1c: Ensure that the Agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's population.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress

Percent Complete:	25% - 50%
Grantee Activity Id:	59104
Grantee Activity:	The ISDH will seek to partner with a vendor for an answering service that can answer and disseminate public information in a public health emergency during a surge. We will work toward developing a system capable of handling 1% of our population at once, through immediate answer and through queuing. We will work with the ISDH Family Helpline to ensure that it is prepared to increase staffing as needed during a bio terrorism event or other public health crisis. The ISDH will partner with the Indiana Department of Homeland Security for assistance in achieving compliance.
Grantee Activity Progress:	The ISDH Family Help-line already exists and successfully handled an increase in the number of calls related to the flu vaccine shortage during the 2004/2005 flu season. The ISDH has signed a contract with a vendor for broadcast voice and facsimile alerting. The ISDH also maintains a 24/7/365 answering service. Both of these vendors have been identified as being able to provide the required service during an emergency.
Barriers:	Insufficient funding to procure and maintain and routinely exercise a system with this robust capability. Agency can only identify vendors with capacity and use special procurement at time of event to implement.
Evaluation Plan:	We will use real world events and the advice of experts to assess the ability of the ISDH Family Helpline and outside vendors to handle a possible dramatic increase in the number of calls and to make any necessary changes. The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes.
Evaluation Progress:	ISDH has proposals and plans from two vendors capable of providing service during an event.

6B::CT2: Improve the coordination, management and dissemination of public information.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	100%
Grantee Activity Id:	59135
Grantee Activity:	The ISDH will continue to provide crisis communication training to appropriate ISDH staff and local health departments. Using our contact lists, we will share information with appropriate partners and stakeholders before releasing it to the public to help ensure consistent messages, and will partner with the Indiana Department of Homeland Security to develop protocols for information sharing during an event. As described in the ISDH Crisis Communication plan, we will use all appropriate methods of dissemination, including faxed and e-mailed press releases to the media, as well as contact with appropriate partners and stakeholders via e-mail, phone or the Indiana Health Alert Network. We are making enhancements to HAN to improve our ability to disseminate information. We are broadening our ability to deliver messages, including capabilities to distribute archived communications, creating selection criteria to create a more focused audience and adding a document storage / retrieval system.
Grantee Activity Progress:	The five Field Public Information Officers and the Risk Communication Director have all been trained by a certified CERC trainer and will continue to provide crisis communication training to appropriate individuals and groups. Existing contact lists include phone and fax numbers and e-mail addresses for key partners and stakeholders who may need to be notified of information being disseminated to the public. The Indiana Health Alert Network is fully operational. One of the PIO positions was recently vacated, and a replacement is currently being found.
Evaluation Plan:	We will track the progress of training provided to appropriate ISDH staff and local health departments. Contact lists will be maintained and

	updated as necessary. We will use exercises and real world events to test our ability to effectively coordinate and manage the dissemination of information to the public. For the HAN enhancements, we will develop a project plan that will consist of establishing design requirements, approval by the HAN Steering Committee, development, testing, training and implementation. We will monitor progress against the plan.
Evaluation Progress:	The ISDH maintains activity reports for the risk communications staff. Risk communications staffs have monthly meetings with local health department staff in their districts. The ISDH has a crisis communications plan. Most of the Local health departments have their own Risk Communication plan or use the ISDH plan. We are building on the communication capabilities of our IHAN system and initiated a project to register all media contacts. Our state and district PIO staff will have the ability to use our redundant IHAN communications capabilities to broadcast messages to radio stations, TV stations and newspapers. Local Health Departments now have access to IHAN for their communication needs. We conduct monthly communication tests of our IHAN system.

6B::CT3: Decrease the time and increase the coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59629
Grantee Activity:	We will use our existing relationship with the Indiana Division of Mental Health and Addiction to help us create and disseminate appropriate messages. Following the principles of Crisis and Emergency Risk Communication, we will make sure that messages are empathetic and simple and that they include positive action steps.
Grantee Activity Progress:	We have an existing relationship with the Indiana Division of Mental Health and Addiction (DMHA), which is part of another state agency. In collaboration the ISDH and DMHA conducted Behavioral Awareness training throughout the state, to foster communications and education about the psychosocial aspects of disaster management. State and Local public health, mental health, emergency management, disaster preparedness, and Public Information Officers were encouraged to attend one of these training sessions. The ISDH Risk Communications Director and the field PIOs have also been trained in Crisis and Emergency Risk Communication by a certified CERC trainer.
Evaluation Plan:	We will use quarterly progress reports, exercises and real world events to test our ability to develop and disseminate appropriate messages quickly and effectively to those that are experiencing psychosocial consequences to an event.
Evaluation Progress:	The ISDH maintains AARs from exercises and events that include deficiencies and corrective actions. The ISDH deployed crisis communications staff and mental health staff to support Indiana's responders during recovery efforts in Mississippi following Hurricane Katrina. We have an AAR of that event as well. The ISDH and task force crisis communications staff memorialized the process, content and timing of messages from responders to survivors. The ISDH crisis communications staff also supported tornado relief in Indiana this past Spring. AARs were prepared and maintained on those events by the Indiana Department of Homeland Security.

6B::CT4: Increase the frequency of emergency media briefings in conjunction with response partners via the jurisdiction's Joint Information Center (JIC), if applicable.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress

Percent Complete:	100%
Grantee Activity Id:	59625
Grantee Activity:	The ISDH will continue to build and maintain relationships with other appropriate state and local agencies/organizations, especially the Indiana Department of Homeland Security, and exercise our ability to form and maintain a Joint Information Center. We will identify key spokespersons for various possible events ahead of time.
Grantee Activity Progress:	We continue to build relationships with various state and local agencies/organizations, including the Indiana Department of Homeland Security (IDHS). We participated in exercises involving some of these other agencies and have worked with IDHS to develop messages for real world events. We have already participated in one exercise of a JIC in a chemical scenario that involved representatives from the private sector as well as from state, local and federal agencies. In addition, our Risk Communication staff participated in a radioactive gas leak exercise scenario, district Pan flu table-top exercises throughout the state, and the statewide pan flu tabletop exercise. We have staffed a JIC in three local exercises and in a district exercise during the current grant year. We established and staffed a JIC during Indiana's deployment of personnel to Biloxi, Mississippi following Hurricane Katrina, and deployed our Risk Communications Director to Biloxi during Operation Hoosier Relief to support field media operations.
Evaluation Plan:	The ISDH will monitor progress through documentation review, quarterly progress reports, and through after action reviews of responses to real events and to hoaxes. We will use exercises and real world events to test our ability to activate an effective Joint Information Center and provide frequent and accurate updates to the media.
Evaluation Progress:	The ISDH maintains AARs of event and exercise activities.

6B::CT5: Decrease time needed to issue public warnings, instructions, and information updates in conjunction with response partners.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	100%
Grantee Activity Id:	59626
Grantee Activity:	Building on existing relationships with response partners, especially the Indiana Department of Homeland Security, we will develop the capacity to use several different forms of communication to issue public warnings, instructions and information updates. Possible methods of communication include press releases/media briefings, Web site updates, information disseminated via the Indiana Health Alert Network, and personal contact via phone, e-mail or in person. Our five Field Public Information Officers will be responsible for making sure information has been shared appropriately with local health departments. We are enhancing the HAN application to decrease our overhead in initiating alert messages. We will automate our interface to the vendor that provides fax and voice capabilities. Currently we have to manually transfer files and call them to initiate the message. We will be creating a Web based interface to initiate the process. We are also automating our internal procedures for approving an alert. Instead of relying completely on manual notification that there is a message to approve, we will automatically issue redundant voice and e-mail (i.e. Blackberry notification) messages with an escalation procedure if the message is not approved.
Grantee Activity Progress:	We continue to develop relationships with several response partners, including the Indiana Department of Homeland Security and local health departments, as well as different media outlets. We can issue releases and information to the media statewide via an e-mail listserv and/or broadcast fax. Our five Field Public Information Officers continue to build relationships with local health departments and other local response agencies, and will broaden these communication networks through collaborations with neighboring states and regional Public Information Officers. The Indiana Health Alert Network is fully operational, and the list of users continues to grow.

Evaluation Plan:	We will track the progress of training provided to appropriate ISDH staff and local health departments. Contact lists will be maintained and updated as necessary. We will use exercises and real world events to test our ability to effectively coordinate and manage the dissemination of information to the public. For the HAN enhancements, we will develop a project plan that will consist of establishing design requirements, approval by the HAN Steering Committee, development, testing, training and implementation. We will monitor progress against the plan.
Evaluation Progress:	We are building on the communication capabilities of our IHAN system and initiated a project to register all media contacts. Our state and district PIO staff will have the ability to use our redundant IHAN communications capabilities to broadcast messages to radio stations, TV stations and newspapers. We have a record of training for risk communications staff. We have a record of IHAN tests which occur monthly, and of use in response to actual events. We maintain AARs from event responses, including our response and risk communications following Hurricane Katrina, and from exercises.

6B::CT6: Decrease time needed to disseminate domestic and international travel advisories.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	100%
Grantee Activity Id:	59858
Grantee Activity:	We will establish and maintain relationships and contact information with appropriate state and federal agencies, including other international border states, and with other appropriate organizations who will need to be contacted in order to issue a domestic and/or international travel advisory.
Grantee Activity Progress:	As a direct result of our relationship with the Centers for Disease Control and Prevention, expert staff, and CERC trainings, our Risk Communications personnel have learned the knowledge necessary to disseminate advisories appropriately, efficiently, and timely. We participate in conference calls and meetings with border states, and with Canada on domestic and international preparedness issues. We have exchanged contact information with our international neighbor and international border states. In addition, we have a close working relationship with the Indiana Department of Homeland Security and their state and international partners.
Evaluation Plan:	We will use exercises and real world events to evaluate our ability to disseminate important domestic and/or travel advisories efficiently and effectively.
Evaluation Progress:	The ISDH maintains contact information with international border states and Canada. ISDH maintains AARs from events, although none involve international border states or Canada. The ISDH maintains disease investigation records involving cross border investigations.

6B::CT7: Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress

Grantee Activity Id:	59628
Grantee Activity:	Working with subject matter experts, we will create accurate and relevant information to clinicians and other responders through a variety of communication methods. These include working with various state associations and other organizations that can disseminate information to their members. We will post appropriate information on the ISDH Web site. We will also use the Indiana Health Alert Network to provide this information to appropriate people. We intend to enhance our HAN system to decrease our overhead in initiating alert messages. We will automate our interface to the vendor that provides fax and voice capabilities. Currently we have to manually transfer files and call them to initiate the message. We will be creating a Web based interface to initiate the process. We are also automating our internal procedures for approving an alert. Instead of relying completely on manual notification that there is a message to approve, we will automatically issue redundant voice and e-mail (i.e. Blackberry notification) messages with an escalation procedure if the message is not approved. Also, in conjunction with our PHIN preparedness measures, we will be developing electronic PHIN MS messaging following Common Alerting Protocols (CAP).
Grantee Activity Progress:	We have already established relationships with several state associations and other organizations that can be used to help disseminate information to clinicians and other responders. The ISDH Web Programmer is on-call 24/7 and can quickly post information to our Web site. The Indiana Health Alert Network is fully operational and has been used to provide immediate communications to clinicians and providers regarding health threats, advisories, and resource solicitations, including for Hurricane Katrina relief. We have added a document library to the portal that allows us to store documents for retrieval by hospitals, Local Health Departments and other agencies and organizations.
Evaluation Plan:	We will use exercises and real world events to test our ability to send out information to appropriate clinicians and other responders quickly. For the HAN enhancements we will develop a project plan that will consist of establishing design requirements, approval by the HAN Steering Committee, development, testing, training and implementation. We will monitor progress against the plan.
Evaluation Progress:	We are building on the communication capabilities of our IHAN system and initiated a project to register all media contacts. Our state and district PIO staff will have the ability to use our redundant IHAN communications capabilities to broadcast messages to radio stations, TV stations and newspapers. We are currently enhancing broadcast fax and voice capabilities. The ISDH maintains records of IHAN alerts and tests, as well as AARs from events and exercises involving communications and alerts to clinicians and providers.

Outcome 6C: No further harm to any first responder, hospital staff member, or other relief provider due to preventable exposure to secondary trauma, chemical release, infectious disease, or physical and emotional stress after the initial event or during decontamination and event follow-up.

6C::CT1: Increase the availability of worker crisis counseling and mental health and substance abuse behavioral health support.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59914
Grantee Activity:	The ISDH will partner with the Indiana Division of Mental Health and Addiction (DMHA) to include mental health professionals as part of the public health functional area supporting our emergency operations. The ISDH will partner with DMHA to provide mental health and substance abuse counselors on site to support public health responders during a public health emergency. The ISDH will partner with the DMHA to provide behavioral awareness training to public health responders.

Grantee Activity Progress:	The ISDH has a partnership with the DMHA to provide behavioral awareness training to public health professionals and to hospital workers related to response to public health emergencies. Representatives of the DMHA sit on the ISDH Bio Terrorism Advisory Committee.
Evaluation Plan:	The ISDH will measure this activity through quarterly progress reports, documentation review, and after action reviews from exercises and drills, and from responses to actual events and hoaxes.
Evaluation Progress:	The ISDH entered into an MOU with DMHA to provide additional clinical training to mental health and public health responders. The ISDH sponsored legislation this session that made mental health responders part of mobile support units to support an all hazards response for events in and out of the state. The DMHA has created an all hazards response plan that acknowledges that mental health is part of the ISDH medical functional area for response and incident command. The ISDH deployed with mental health responders as part of Hurricane Katrina relief, and mental health operated under the medical functional area and the ISDH medical lead. Mental Health responders provided counseling and debriefing for all public health and medical responders, as well as for all other responders during and after that deployment. The ISDH maintains AARs from events and exercises reflecting this partnership.

6C::CT2: Increase compliance with public health personnel health and safety requirements.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	60305
Grantee Activity:	The ISDH will support training for state, district and local public health personnel to protect personal safety in activities related to their response roles. The ISDH will partner with the Indiana Department of Homeland Security, the Military Department of Indiana Civil Support Team, and local public safety entities to provide training to public health personnel on the use of personal protective equipment and personal safety generally. The ISDH will use the Learning Management System, develop internal training modules, and partner with academic entities to provide training to public health personnel on health and safety requirements supporting their response roles.
Grantee Activity Progress:	The ISDH currently partners with the Indiana University School of Public Health and related entities to provide training in public health preparedness. The ISDH currently operates a Learning Management System with modules to support public health professionals in their emergency response roles. The ISDH established a committee to review and make recommendations for appropriate PPE and PPE training for public health responders. The ISDH and local health departments purchased PPE identified for that purpose, and public health responders have been trained on the use of that PPE. The ISDH currently partners with the Indiana Department of Homeland Security, the Indiana State Police, and the Military Department of Indiana to provide for planning and response in the event of a public health emergency. The ISDH will continue these partnerships to identify and provide training to public health personnel on the use of PPE and in personal safety requirements for their emergency response roles.
Barriers:	Federal authorities have not identified appropriate roles for public health responders that would require PPE, and have not identified appropriate PPE to meet those roles.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reviews and documentation review.
Evaluation Progress:	The ISDH maintains information on public health responder roles and appropriate PPE. The ISDH maintains information on PPE purchased for the state and local health departments. The ISDH maintains progress reports on training for PPE.

6C::CT2a: Provide Personal Protection Equipment (PPE) based upon hazard analysis and risk assessment.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	60149
Grantee Activity:	The ISDH will partner with local health departments and Indiana Department of Homeland Security to assess community hazards and public health responder roles, to identify PPE needs for responders and purchase or support purchase of PPE to address those needs, and to provide training to responders on PPE appropriate to their response roles.
Grantee Activity Progress:	The ISDH currently partners with local health departments for those agencies to employ local preparedness coordinators. Local public health personnel have evaluated emergency response roles for the local public health agencies and identified PPE required for those roles. The ISDH established a committee to review and make recommendations for appropriate PPE and PPE training for public health responders. The ISDH and local health departments purchased PPE identified for that purpose, and public health responders have been trained on the use of that PPE. The ISDH currently partners with the Indiana Department of Homeland Security, the Indiana State Police, and the Military Department of Indiana to provide for planning and response in the event of a public health emergency. The ISDH will continue these partnerships to identify and provide training to public health personnel on the use of PPE and in personal safety requirements for their emergency response roles.
Barriers:	Federal authorities have not defined public health response roles appropriate for PPE, or the PPE appropriate for the roles.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports, documentation review, and through evaluation of persons with a response role requiring PPE and persons with a response role requiring PPE that have been trained in PPE.
Evaluation Progress:	The ISDH maintains information on public health responder roles and appropriate PPE. The ISDH maintains information on PPE purchased for the state and local health departments. The ISDH maintains progress reports on training for PPE.

6C::CT2b: Develop management guidelines and incident health and safety plans for public health responders (e.g.; heat stress, rest cycles, PPE).

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	60124
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other public safety entities and external vendors to develop and implement guidelines and plans to manage worker safety for public health responders. The ISDH will partner with the Indiana Division of Mental Health and Addiction to develop and implement guidelines and plans to manage behavior awareness and stress management for public health responders. Guidelines and plans will include training on roles and equipment proper for response, and on mental health and other responder health and safety issues.
Grantee Activity Progress:	The ISDH maintains a partnership with the Indiana Division of Mental Health and Addiction and provides behavioral awareness training for public health responders. The ISDH meets biweekly and monthly with state and federal agencies including the Indiana Department of Homeland

	Security to plan and coordinate training and guidelines for first responders. The ISDH entered into an MOU with DMHA to provide clinical training to mental health and public health responders. The ISDH deployed with multiple state and local agencies and private sector volunteers to support hurricane relief in Mississippi. The ISDH provided clinical information and resources to support the responders. This included arranging for necessary vaccinations (e.g., tetanus), providing PPE, and providing information on incident command, behavioral awareness, universal precautions, high heat and stress environments, working in a disaster zone, and immunization needs. The ISDH has hired a contractor to prepare additional information and curricula for the health and safety of responders, and safety plans for responding teams.
Evaluation Plan:	The ISDH will monitor progress using quarterly progress reports, documentation review, and through after action reviews of drills, exercises and responses to events.
Evaluation Progress:	The ISDH maintains an MOU with DMHA, and will track that agency's training of personnel through progress reports. The ISDH maintains information provided to Hurricane Katrina responders. The ISDH has created plans and surveys to ensure and track responder safety while on deployment, and maintains those documents. The ISDH maintains AARs from deployments regarding responder support and safety issues.

6C::CT2c: Provide technical advice on worker health and safety for IC and UC.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	60001
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security, the Military Department of Indiana, and other public safety entities or external vendors to provide training and assist with certification of public health responders in a public health emergency. The ISDH has a seat in the state's emergency operations center and will also coordinate with appropriate state and federal agencies to ensure that public health workforce is appropriately protected for response roles, including ensuring that public health functional area is appropriately trained on worker health and safety.
Grantee Activity Progress:	The ISDH utilizes ICS and NIMS and is familiar with worker health and safety issues related to Incident Command and Unified Command. The ISDH has identified state and local partners for training and developing worker health and safety protocols for public health emergencies. The ISDH meets on a biweekly basis with these partners for homeland security planning. The ISDH supported emergency responder deployments to Mississippi with information, vaccinations, personnel and other resources. The ISDH is currently meeting with Indiana Department of Homeland Security personnel to establish a robust incident command structure that utilizes the ISDH as one of four advance team members to evaluate response needs, and that utilizes ISDH guidelines and personnel to establish fitness requirements for deployment and provide medical and health support for deploying personnel. The ISDH has hired a contractor to assist with these functions.
Evaluation Plan:	The ISDH will measure progress in quarterly reports, documentation review, and through after action reviews of drills and exercises and responses to actual events and hoaxes. The ISDH will further measure progress by reviewing numbers of public health staff identified as requiring PPE and numbers of designated staff who have been trained in use of PPE.
Evaluation Progress:	The ISDH maintains information on public health responder roles requiring PPE, on appropriate PPE for responder roles, and on PPE procured for those personnel and roles. The ISDH maintains AARs on event and exercise responses and responder health and safety training and issues. The ISDH will prepare documentation supporting current activities regarding responder training and fitness.

6C::CT3: Increase the number of public health responders that receive hazardous material training.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59882
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security, the Military Department of Indiana, and other public safety and external vendors including educational institutions to provide training on hazardous materials safety and use of PPE.
Grantee Activity Progress:	The ISDH currently partners with the Indiana University School of Public Health and with the Indiana University Mid-America Public Health Training Center to develop and conduct preparedness education to public health workers and master's program public health students. The ISDH maintains an active Bio Terrorism Education Advisory Committee that monitors the need for and develops various preparedness education sessions. The ISDH currently partners with the Indiana Department of Homeland Security, the Military Department of Indiana, and other state and local public safety entities to plan and train for public health emergencies.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports and documentation review. The ISDH will review progress based on the number of training sessions offered, the number of local public health personnel who have attended continuing education on worker safety, and the number of students receiving preparedness worker safety education.
Evaluation Progress:	The ISDH maintains progress reports from local health departments regarding local public health responder training. The ISDH maintains information on state responder training.

Outcome 6D: Successful separation, restriction of movement, and health monitoring of individuals and groups who are ill, exposed, or likely to be exposed, in order to stop the spread of a contagious disease outbreak. Legal authority for these measures is clearly defined and communicated to the public. Logistical support is provided to maintain measures until danger of contagion has elapsed.

6D::CT1: Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animals and food products.

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59884
Grantee Activity:	The ISDH will use state and agency legal counsel to review existing statutes and rules supporting quarantine and isolation for further development as needed to effectively respond to a public health emergency. The ISDH will partner with state and local authorities on identifying and developing procedures for quarantine and isolation of individuals, groups, facilities, animals and food products. The ISDH will partners with educational entities and other external vendors to provide education and training to the public health and public safety workforce, and to attorneys and judges regarding isolation and quarantine.

Grantee Activity Progress:	The ISDH and local health departments have the legal authority to establish a quarantine and to issue isolation orders. The ISDH has established protocols with the Indiana Attorney General to implement and enforce such orders under current law. The ISDH reviewed current law and identified gaps in the public health isolation and quarantine authority. The ISDH sponsored legislation in the 2006 legislative session that closed these gaps. The new statutes became effective July 1, 2006. The ISDH drafted procedures and boilerplate isolation and quarantine documents to implement the new laws. Distribution of the implementation materials and education on the new laws are continuing throughout the state for all stakeholders. The ISDH meets regularly with the Indiana Department of Homeland Security and other state stakeholders including the Indiana Department of Agriculture and the Indiana Board of Animal Health, both of which have quarantine authority over food products and animal products respectively, to address logistical support for public health emergencies. The ISDH maintains agreements with local health departments supporting local preparedness staff who is working on planning activities and establishing partnerships with law enforcement and emergency management for quarantine and other activities. The ISDH conducted an assessment of county attorneys and public health officers regarding their knowledge and experience related to isolation and quarantine laws and practice. The ISDH currently partners with educational entities to provide training to public health personnel and local health boards on emergency preparedness, including issues regarding isolation and quarantine.
Evaluation Plan:	The ISDH will monitor progress through quarterly reports and documentation review.
Evaluation Progress:	The ISDH maintains copies of the new law and a record of training regarding current and upcoming quarantine powers.

6D::CT2: Coordinate quarantine activation and enforcement with public safety and law enforcement.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	60140
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security, with state and local public safety entities, judicial entities, and with local health departments to coordinate quarantine activation and enforcement. Partners will provide planning and logistic support for establishing quarantine sites and for monitoring compliance. The ISDH will utilize partnerships to execute quarantine plans.
Grantee Activity Progress:	The ISDH meets regularly with the Indiana Department of Homeland Security, and with state and federal public safety entities, to address logistical support for public health emergencies. The ISDH maintains agreements with local health departments supporting local preparedness staff who is working on planning activities and establishing partnerships with law enforcement and emergency management for quarantine and other activities. The ISDH has met with legislative, judicial, and executive leadership to educate them on new quarantine law and anticipated procedures. The ISDH drafted procedures to implement the new isolation and quarantine statutes which became effective July 1, 2006, and has distributed those to response partners including local health departments and the Office of the Attorney General.
Barriers:	Procedures and boilerplate documents for the implementation of involuntary isolation or quarantine were finalized October 1, 2006 and have been distributed to all local health departments.
Evaluation Plan:	The ISDH will monitor activity through quarterly progress reports and after action reviews of exercises and responses to events. The ISDH will monitor activity through tracking quarantine and isolation orders issued, and quarantine and isolation orders that are violated.
Evaluation Progress:	No human quarantine has been imposed during the current grant year. The ISDH will track quarantine and isolation orders under the current and future law. The ISDH otherwise maintains information on quarantine powers, and has established and maintains forms for imposing and implementing quarantines.

6D::CT3: Improve monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	60151
Grantee Activity:	The ISDH will partner with local health departments and hospitals and physician networks to establish protocols and guidelines for persons subject to isolation and quarantine.
Grantee Activity Progress:	The ISDH currently partners with hospitals and local health departments for preparedness planning and other activities. The ISDH has drafted and distributed materials covering the implementation of isolation and quarantine orders, which includes boilerplate legal documents.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports and through after action reviews of exercises and events. Protocols and guidance will be developed and provided to LHDs, hospitals and physician networks.
Evaluation Progress:	The ISDH will maintain established protocols and guidance for local health departments and hospitals once established.

6D::CT4: Coordinate public health and medical services among those who have been isolated or quarantined.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60147
Grantee Activity:	The ISDH will partner with the local health departments, hospitals and physician networks to coordinate quarantine activation and public health and medical services support. Partners will provide planning and logistic support for establishing quarantine sites and for monitoring compliance and treatment.
Grantee Activity Progress:	The ISDH currently partners with hospitals and local health departments and physician networks to do preparedness planning and response activities. The ISDH drafted guidelines for the implementation of isolation and quarantine. The new statutes, which became effective 7/1/06, provides for law enforcement support, but defers other coordination to various entities.
Evaluation Plan:	The ISDH will monitor progress through quarterly reports and through after action reviews of exercises and responses to events.
Evaluation Progress:	The ISDH will maintain procedures as they are established.

6D::CT5: Improve comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	60079
Grantee Activity:	The ISDH will partner with the Indiana Division of Mental Health and Addiction to develop and implement programs and strategies to address stress management and crisis response for persons who are subject to isolation and quarantine.
Grantee Activity Progress:	The ISDH has a partnership with the Indiana Division of Mental Health and Addiction to support a statewide mental health plan for public health emergencies, and behavioral awareness training for first responders and persons affected by public health emergencies. The ISDH has entered into an MOU with DMHA for clinical training for responders, including responders to support isolation and quarantine. DMHA has established a behavioral awareness plan that includes isolation and quarantine considerations. DMHA has also established a draft pandemic influenza response plan. ISDH is currently drafting procedures for logistic and mental health support for an isolation or quarantine.
Evaluation Plan:	The ISDH will evaluate progress through quarterly progress reports.
Evaluation Progress:	The ISDH maintains DMHA plans and a copy of the clinical training MOU, and will receive and maintain progress reports on training. ISDH will maintain isolation and quarantine procedures as they are established.

6D::CT6: Direct and control public information releases about those who have been isolated or quarantined.

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59996
Grantee Activity:	The ISDH will maintain crisis communications staff to direct and control public information about the purpose and importance of isolation and quarantine orders, locations, restrictions, and the status of isolations and quarantines.
Grantee Activity Progress:	The ISDH maintains crisis communications staff including staff in each of the 10 Indiana homeland security districts. This staff has a seat in the agency Department Operations Center. This staff works closely with preparedness staff to provide information about all aspects of a public health emergency, including isolation and quarantine. The ISDH project director and principal investigator for the CDC preparedness grant serves on the national Advisory Committee of the Emergency Management Accreditation Program which is currently drafting standards for dissemination of public information during a public health emergency.
Barriers:	ISDH is not the only quarantine authority in the state. Local health departments are independent under state law, and have quarantine authority. LHDs may control their own public information activities, although they are not likely to do so.
Evaluation Plan:	The ISDH will evaluate progress using quarterly reports and through after action reviews of exercises, drills, and responses to actual events and

Evaluation Progress:	The ISDH has participated in one exercise that has involved a quarantine, and maintains an AAR from that exercise regarding the event and crisis communications surrounding it. The ISDH will develop and maintain AARs of future exercises and communications information from actual events.
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6D::CT7: Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions.

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59863
Grantee Activity:	Using the ISDH Crisis Communication plan, the ISDH will disseminate health and safety information to the public through a variety of sources. The Crisis Communication plan includes detailed procedures and responsibilities for ISDH Office of Public Affairs staff. The ISDH will implement strategies such as press releases to the media, printed materials on the ISDH Web site, and direct contact with local health departments and other partners/stakeholders via phone, e-mail or the Indiana Health Alert Network to ensure a consistent message. Existing materials and agency subject matter experts would be utilized to develop appropriate pre-event, event, and post-event messages.
Grantee Activity Progress:	The ISDH Crisis Communication plan already exists. It was last updated in February 2006. Office of Public Affairs staffers have pagers, cell phones, and wireless data connections and can be reached 24/7 for possible mobilization. This includes the ISDH Web Programmer and the five Field Public Information Officers. The Indiana Health Alert Network is fully operational. Risk communications staff participates in state and local exercises and have exercised this process. Risk communications staff have also exercised this process in response to actual events related to Spring tornados and deployment to Mississippi following Hurricane Katrina.
Evaluation Plan:	The ISDH will use exercises and after action reports on responses to actual events and hoaxes to evaluate our ability to disseminate appropriate health and safety information quickly and effectively.
Evaluation Progress:	ISDH maintains a current risk communications plan, and copies of local plans. ISDH maintains AARs from exercises and events. We are building on the communication capabilities of our IHAN system and initiated a project to register all media contacts. Our state and district PIO staff will have the ability to use our redundant IHAN communications capabilities to broadcast messages to radio stations, TV stations and newspapers.

6D::CT8: Have or have access to a system to collect, manage, and coordinate information about isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59992
Grantee Activity:	The ISDH will develop and maintain an information management system capable of tracking isolation and quarantine orders, quarantine site management, and compliance with isolation and quarantine orders. The ISDH will utilize ICS and NIMS for this purpose. The ISDH will utilize a

	journaling system to collect, manage and disseminate information on isolation and quarantine, and will provide ICS and NIMS training to public health staff for this purpose.
Grantee Activity Progress:	The ISDH has legal authority for isolation and quarantine. The ISDH currently utilizes health officers at the state and local level to implement and track isolation orders, and in anticipation of implementing and tracking quarantine orders. The State of Indiana has procedures in place to implement isolation and quarantine, and the ISDH has worked with the state Attorney General to establish a protocol for implementation of these orders. The ISDH drafted guidelines for the implementation of isolation and quarantine under new laws which became effective July 1, 2006. The ISDH utilizes ICS and NIMS for public health emergencies including isolations and quarantines for response in an epidemic.
Evaluation Plan:	The ISDH will measure progress using quarterly reports, after action reviews of exercises and drills, after action reviews of responses to actual events or hoaxes, and through identification of isolation and quarantine orders that are issued and violated.
Evaluation Progress:	The ISDH maintains information on current law and law effective later this summer. ISDH will maintain procedures to support new law. ISDH will maintain tracking system for isolation and quarantine orders, but no such orders have been entered during the current grant year.

Outcome 6E: Appropriate prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event, with an emphasis on the prevention, treatment, and containment of the disease. Prophylaxis and vaccination campaigns are integrated with corresponding public information strategies.

6E::CT1: Decrease the time needed to dispense mass therapeutics and/or vaccines.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	60112
Grantee Activity:	The ISDH will develop a statewide mass prophylaxis template for use by all local health departments in the state. The ISDH will maintain preparedness and epidemiology staff to plan for and exercise mass prophylaxis plans in local, district and statewide clinics. The ISDH will develop and conduct mass prophylaxis training. The ISDH will maintain grants with local health departments to support local public health coordinators who will be responsible for mass prophylaxis planning and exercises at the local level. The local health departments supported by these grants will be required to utilize the state's mass prophylaxis template for local plans, and to coordinate their plan implementation on a district level. The ISDH will partner with the Indiana Department of Homeland Security to create District Planning Councils in each of the 10 homeland security districts in the state for purposes of coordinating planning and mass prophylaxis on a regional level. The ISDH will partner with the Indiana Department of Homeland Security and other entities to exercise state and local mass prophylaxis plans. The ISDH will work with IDHS and other state agencies in utilizing the Muscatatuck Urban Training Center for planning, training, and the conduct of drills of our plans including our mass prophylaxis plans. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations. The ISDH will establish and maintain a PHIN Directory and a HAN alerting system to identify and solicit volunteers for mass prophylaxis. The ISDH will enter into mutual aid agreements and assist local health departments with mutual aid planning.
Grantee Activity Progress:	The ISDH maintains staff to support mass prophylaxis planning and implementation, and currently partners with local health departments to support preparedness staff in those jurisdictions for this purpose. The ISDH has received draft mass prophylaxis plans for all local health departments, and has developed a draft mass prophylaxis template for use in the state. Eighty-five of 94 local health departments have submitted revised mass prophylaxis plans that track the state's template. The CDC SNS program has done site visits and local assessments of

	mass dispensing plans for local jurisdictions within the CRI jurisdictions. Local health departments are currently exercising their mass prophylaxis plans. In accordance with the benchmarks established within the LPHC grant agreement, the LPHC was required to participate in at least one exercise per quarter, either within their own jurisdiction, within their district, or participate in a statewide exercise. ISDH will continue to develop a means of tracking the number of exercises physically conducted throughout the year, which will provide a better means of reporting. In addition, the ISDH has added an Exercise Coordinator to the staff under the new fiscal year, and tracking this information in a centralized location will be part of his duties and responsibilities. The ISDH is currently populating the PHIN with medical volunteers for mass prophylaxis clinics, and has provided that information to local health departments for those agencies to create notification and distribution lists. The ISDH has developed a HAN system that is fully operational. The ISDH maintains a partnership with the Indiana Department of Homeland Security supporting the creation of District Planning Councils. The homeland security agency has yet to schedule an inaugural meeting for those entities.
Barriers:	The ISDH is not the lead agency for establishing DPCs. Local Health Departments are independent of the ISDH. Eleven local health departments are not participating in the state's preparedness activities.
Evaluation Plan:	The ISDH will monitor progress with quarterly reports and through after action reviews of exercises and response to actual events and hoaxes. The ISDH will track numbers and types of volunteers.
Evaluation Progress:	The ISDH maintains a mass prophylaxis template and draft plans for all local health departments. The ISDH maintains revised plans for 85 out of 94 local health departments. The ISDH maintains progress reports for 83 local health departments participating in the states preparedness activities. The ISDH will maintain additional progress reports, site assessments, and revised plans as they become available. The ISDH maintains AARs on local exercises.

6E::CT1a: Implement local, (tribal, where appropriate), regional and State prophylaxis protocols and plans.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59889
Grantee Activity:	The ISDH will develop a statewide mass prophylaxis template for use by all local health departments in the state. The ISDH will maintain preparedness and epidemiology staff to plan for and exercise mass prophylaxis plans in local, district and statewide clinics. The ISDH will develop and conduct mass prophylaxis training. The ISDH will maintain grants with local health departments to support local public health coordinators who will be responsible for mass prophylaxis planning and exercises at the local level. The local health departments supported by these grants will be required to utilize the state's mass prophylaxis template for local plans, and to coordinate their plan implementation on a district level. The ISDH will partner with the Indiana Department of Homeland Security to create District Planning Councils in each of the 10 homeland security districts in the state for purposes of coordinating planning and mass prophylaxis on a regional level. The ISDH will partner with the Indiana Department of Homeland Security and other entities to exercise state and local mass prophylaxis plans. The ISDH will establish and maintain a PHIN Directory and a HAN alerting system to identify and solicit volunteers for mass prophylaxis. The ISDH will enter into mutual aid agreements and assist local health departments with mutual aid planning.
Grantee Activity Progress:	The ISDH maintains staff to support mass prophylaxis planning and implementation, and currently partners with local health departments to support preparedness staff in those jurisdictions for this purpose. The ISDH has received draft mass prophylaxis plans for all local health departments, and has developed a draft mass prophylaxis template for use in the state. Eighty-five of 94 local health departments have submitted revised mass prophylaxis plans that track the state's template. The CDC SNS program has done site visits and local assessments of mass dispensing plans for local jurisdictions within the CRI jurisdictions. Local health departments are currently exercising their mass

	prophylaxis plans. The ISDH is currently populating the PHIN with medical volunteers for mass prophylaxis clinics, and has provided that information to local health departments for those agencies to create notification and distribution lists. The ISDH has developed a HAN system that is fully operational. The ISDH maintains a partnership with the Indiana Department of Homeland Security supporting the creation of District Planning Councils. The homeland security agency has yet to schedule an inaugural meeting for those entities.
Barriers:	The ISDH is not the lead agency for creation of district planning councils.
Evaluation Plan:	The ISDH will evaluate progress through quarterly progress reports.
Evaluation Progress:	The ISDH maintains district staff that supports district planning and response activities. The ISDH maintains progress reports from the 10 homeland security districts. The ISDH participates in district exercises and maintains AARs from those exercises.

6E::CT1b: Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the Strategic National Stockpile guide for planners.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	60153
Grantee Activity:	The ISDH will establish an SNS Workgroup to assist in addressing deficiencies identified using the SNS Assessment Tool. The priorities of the workgroup will include SNS management; security; distribution; cross border planning; and training, exercise and evaluation. The ISDH will partner with the Indiana Department of Homeland Security and other external entities to exercise the SNS warehouse and other aspects of the SNS program. The ISDH will work with IDHS and other state agencies in utilizing the Muscatatuck Urban Training Center for planning, training, and the conduct of drills to support our SNS program. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations. The ISDH, in conjunction with the IDHS and other state and local partners, will finalize state and local procedures for requesting SNS. The ISDH will maintain its contract with a central warehouse, and establish a back up warehouse location. The ISDH will resolve DEA registrant issues. The ISDH will coordinate communications and security training for warehouse staff, and conduct exercises. The ISDH will finalize the SNS distribution plan by establishing a contract with a commercial transportation vendor, and developing back up distribution plans. The distribution plan will include procedures for security, inventory tracking, repackaging materials, and for pediatric dispensing. The ISDH will identify a priority point of contact for security planning and response issues. The ISDH will develop and implement a comprehensive SNS training, exercise and evaluation plan.
Grantee Activity Progress:	The ISDH maintains a partnership with a warehouse vendor to provide for receipt of the SNS. The ISDH has developed a staffing protocol and other SOPs for operation of the state SNS warehouse. The ISDH maintains a partnership with the Indiana Department of Homeland Security for planning and exercises. The ISDH currently supports grants to local health departments to employ local public health coordinators who are responsible for incorporating SNS activities, including receipt of SNS supplies and security arrangements, into their local emergency response plans. The ISDH supports training and exercise activities for state, district and local staff, including local health departments and hospitals. The ISDH hosted the CDC's Mobile Training Team for training and functional exercises in November 2005. ISDH conducted three (3) functional exercises in January and March of 2006.
Evaluation Plan:	The ISDH will monitor progress through the use of quarterly progress reviews and document review, including AARs of drills and exercises, and of responses to actual events and hoaxes.

Evaluation Progress:	We have completed two quarterly progress reports with our Local Public Health Departments. In regards to drills and exercises conducted, we have copies of the after action reports conducted within the first half of the budget year.
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6E::CT1c: Ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	59888
Grantee Activity:	The ISDH will update its protocols for smallpox vaccination clinics, and provide the updated guidance to all LHDs to be secured with their mass prophylaxis plans. The ISDH will update and maintain a registry of all smallpox vaccinators. Through the use of the IHAN, the ISDH will issue an alert for smallpox vaccinators to be triaged to the location in need.
Grantee Activity Progress:	The ISDH has developed a mass prophylaxis template, and 85 local health departments have submitted revised plans based upon it. The ISDH has an ESAR-VHP system and is currently updating the contact information. The ISDH Chief Nurse Consultant is currently reviewing smallpox protocols and plans. The ISDH is currently enhancing the IHAN and implementing ESAR-VHP later this year.
Barriers:	Volunteer recruitment.
Evaluation Plan:	The ISDH will evaluate progress through quarterly progress reports. The registry will be considered updated when smallpox vaccinators are identified for each District. Updated smallpox plans and protocols will be available and provided to LHDs.
Evaluation Progress:	The ISDH maintains a mass prophylaxis template and local mass prophylaxis plans. The ISDH has an SNS plan, and mutual aid agreements for transportation and security. The ISDH maintains AARs on state and local exercises of local dispensing plans.

6E::CT1d: Have or have access to a system to collect, manage, and coordinate information about the administration of countermeasures, including isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	60114
Grantee Activity:	The ISDH will develop and maintain an information management system capable of tracking the administration of countermeasures, including the use of isolation and quarantine orders, quarantine site management, and compliance with isolation and quarantine orders. The ISDH will utilize ICS and NIMS for this purpose. The ISDH will utilize a journaling system to collect, manage and disseminate information on countermeasures, isolation and quarantine, and will provide ICS and NIMS training to public health staff for this purpose.

Grantee Activity Progress:	The ISDH utilizes ICS and NIMS for public health emergencies including tracking use of countermeasures and isolations and quarantines for response in an epidemic.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports and through after action reviews of exercises and responses to actual events and hoaxes.
Evaluation Progress:	The ISDH is developing procedures for implementing and tracking isolation and quarantine, and countermeasures. The ISDH will maintain information as it is established, and through AARs of exercises and events. The ISDH currently maintains AARs from local dispensing exercises, including one exercise involving a quarantine.

6E::CT2: Decrease time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59905
Grantee Activity:	The ISDH will require all LHDs to identify types and numbers of first responder personnel within their jurisdictions, including volunteers and non-governmental staff. Mass prophylaxis plans will include guidelines and procedures for prophylaxing first responders, including the establishment and storage of pharmaceutical caches, notification of mass prophylaxis clinic activation, and identification and credentialing processes. The ISDH will generate and provide to the 10 Districts lists of volunteer health care providers who can provide sufficient capability to assure prophylactic protection and/or immunizations to all responders and NGO personnel. The ISDH will develop and conduct training in mass prophylaxis, and will partner with educational and other external entities to provide training in mass prophylaxis.
Grantee Activity Progress:	The ISDH supports central office preparedness staff, district public health coordinators, and local public health coordinator positions in the LHDs. These positions are responsible for the development, implementation and evaluation of state, regional, district and local mass prophylaxis planning. The ISDH collects names of health care provider volunteers and distributes those lists to the LHDs within each of Indiana's 10 homeland security districts. Each LHD has a list of health care provider volunteers to sustain the surge capacity for a mass prophylactic clinic or clinics within the local jurisdictions. The LHDs are verifying and maintaining volunteer status and contact information, and updated information is being added to the PHIN. The ISDH has developed a mass prophylaxis training module, and is providing that training to local health department personnel and clinic volunteers. The ISDH has partnered with educational entities to provide preparedness training, including training for mass prophylaxis.
Barriers:	Volunteer recruitment.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reviews and document reviews, including AARs from drills and exercises, and from responses to actual events and hoaxes.
Evaluation Progress:	The ISDH maintains a registry of volunteers. The ISDH maintains progress reports from 83 of 94 local health departments recruiting and tracking volunteers.

6E::CT3: Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the jurisdiction's JIC (if JIC activation is needed)

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	59864
Grantee Activity:	The ISDH will continue to build and maintain relationships with other appropriate state and local agencies/organizations, especially local health departments, and exercise our ability to form and maintain a Joint Information Center. We will identify key spokespersons for various possible events ahead of time. We will use existing materials and agency subject matter experts to help develop appropriate messages regarding dispensing of medical countermeasures such as locations and times of clinics and information on medicines being dispensed.
Grantee Activity Progress:	The ISDH has developed relationships with various state, federal and local agencies/organizations, including with the Indiana Department of Homeland Security and with local health departments. We have participated in exercises involving these other agencies and have worked with local health departments in the development of messages for real world events. The ISDH has participated in exercises involving the use of a JIC. The ISDH maintains crisis communications staff and canned messages regarding the use of mass dispensing clinics to provide countermeasures.
Evaluation Plan:	The ISDH will use exercises and responses to real world events to test our ability to activate an effective Joint Information Center and provide frequent and accurate updates to the media regarding the dispensing of medical countermeasures.
Evaluation Progress:	The ISDH maintains AARs from exercises and events testing the use of mass dispensing sites for countermeasures.

Outcome 6F: Cases are investigated by public health to reasonably minimize morbidity and mortality rates, even when the numbers of casualties exceed the limits of the normal medical infrastructure for an affected community.

6F::CT1: Improve tracking of cases, exposures, adverse events, and patient disposition.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	59908
Grantee Activity:	The ISDH will maintain the Field Epidemiology Program, which includes nine field epidemiologists stationed in ten Public Health Preparedness Districts and the Field Epidemiology Director, to quickly track cases, exposures, and adverse events. The ISDH Epidemiology Resource Center and the ISDH Laboratories will develop a database for case tracking and corresponding laboratory result information. The ISDH will seek to develop a web-based triage and patient tracking system, and will continue to support our web-based portal to receive and track information.
Grantee Activity Progress:	The Field Epidemiology Program has existed since 2003 and includes a Field Epidemiology Director and nine field epidemiologists. Response times for outbreak investigation, and case and exposure tracking has greatly decreased. Other field teams, such as the Immunization Program field representatives and the Food Protection field representatives, can provide additional surge capacity on-site. Subject matter epidemiologists provide additional disease-specific assistance and surge capacity from the central office if necessary. The ISDH maintains a web-based portal to

	receive and track information and has created a shared database to exchange case information between the ISDH Epidemiology Resource Center and the ISDH Laboratories. The implementation of StarLIMS will further enhance this capability.
Evaluation Plan:	The ISDH will monitor progress through quarterly reports and through after action reviews of exercises and response to actual events and hoaxes.
Evaluation Progress:	The ISDH maintains a log and AARs regarding case tracking for significant public health events and exercises.

6F::CT1a: Have or have access to a system that provides these capabilities consistent with PHIN Preparedness Functional Area Outbreak Management.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59911
Grantee Activity:	The ISDH will develop and maintain a PHIN with current information on all health care provider volunteers. The ISDH will issue alerts through the PHIN for the need for case investigators. The ISDH will collaborate with the Indiana Health Professions Bureau, and other public health and health professional entities, to maintain and update the collection of health care provider and case investigation volunteers.
Grantee Activity Progress:	The ISDH is populating the PHIN with health care provider volunteer names and contact information, and that information is being shared with and being further developed by local health departments. The ISDH currently collaborates with the Indiana Professional Licensing Agency and external partners to obtain and maintain contact information for health care provider and case investigation volunteers. The ISDH currently partners with local health departments to develop and enhance volunteer information. The HAN is fully operational, has been tested monthly, and was successfully used in the Fall to solicit volunteers and resources for deployment to Mississippi following Hurricane Katrina.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports, documentation review, and through after action reports on responses to real events and to hoaxes.
Evaluation Progress:	The ISDH maintains a fully operational HAN. The ISDH maintains AARs on exercises and events utilizing volunteer solicitation and management. We made enhancements to the HAN system to allow Local Health Department access to HAN and to create a structure to support loading volunteers.

6F::CT2: Decrease the time needed to execute medical and public health mutual aid agreements.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59912

Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security to establish District Planning Councils within each of Indiana's 10 homeland security districts. These councils will include representatives from multiple disciplines and local jurisdictions within each district, and those representatives will meet regularly to provide for planning and response, including the development of mutual aid agreements. The ISDH will support local health departments in identifying needs for mutual aid and will facilitate the development of mutual aid agreements among those agencies. The ISDH will continue to collaborate with the Indiana Health Professions Bureau and other health provider entities to obtain and provide volunteer information to local health departments. The ISDH will populate the PHIN with health care provider volunteer names. The ISDH will issue alerts through the PHIN to generate volunteers who can respond to Districts or local health departments to execute their mutual aid agreements.
Grantee Activity Progress:	The ISDH is currently partnering with the Indiana Department of Homeland Security (IDHS) to establish District Planning Councils (DPCs). The IDHS is currently working toward scheduling an inaugural meeting of those entities. The ISDH is currently supporting local health departments in hiring local public health coordinators to engage in preparedness activities, including in developing relationships with local partners and establishing mutual aid agreements. The ISDH is populating the PHIN with health care provider volunteer names. The ISDH is collecting volunteer names through the Health Professions Bureau re-licensing process. The ISDH is distributing health care provider volunteer lists to the local health departments. The ISDH sponsored legislation this year to create mobile support units that can operate within or outside the state. This statute allows public and private entities and individuals to enter into mutual aid.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reviews, documentation reviews, and through after action reports from responses to exercises and to real events and hoaxes.
Evaluation Progress:	The ISDH maintains a volunteer registry and progress reports from local health departments regarding mutual aid agreements throughout the state. The ISDH maintains a fully operational HAN.

6F::CT3: Improve coordination public health and medical services.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	60420
Grantee Activity:	The ISDH will maintain public health response "surge" capacity through its workforce at various levels. The ISDH will maintain a field epidemiologist and public health coordinators in each of the 10 homeland security districts, and field staff can respond to public health events in districts outside of their own. Subject matter epidemiologists will also provide assistance. In larger events, field staff in other program areas, such as Immunization Program field representatives and Food Protection field staff will be mobilized. Finally, additional public health support will be obtained through temporary duty reassignment via the State Health Commissioner. The ISDH will use internal staff and external partners to provide available training presentations to quickly train reassigned staff members. The ISDH will partner with the Indiana Department of Homeland Security to establish District Planning Councils within each of Indiana's 10 homeland security districts. These councils will include representatives from multiple disciplines including public health and hospitals, and those representatives will meet regularly to provide for planning and response, including surge capacity. The ISDH will send public health representatives to hospital training and exercises, and will include hospital and health care provider personnel in public health training and exercises.
Grantee Activity Progress:	The ISDH currently maintains field epidemiologists, field public health coordinators, and field hospital coordinators who regularly meet among themselves and with local public health and hospital staff to coordinate planning and response for a public health emergency. The ISDH is currently partnering with the Indiana Department of Homeland Security to establish District Planning Councils. The IDHS is currently working to schedule inaugural meetings of those entities. The DPCs will include representatives from public health and hospitals to coordinate services

	among those disciplines in a public health emergency. The ISDH is currently supporting local health departments in hiring local public health coordinators to engage in preparedness activities, including in developing relationships with local hospitals. Public health personnel are attending hospital trainings and exercises, and hospital personnel are attending public health training and exercises.
Barriers:	The ISDH is not the lead entity for establishing DPCs.
Evaluation Plan:	The ISDH will monitor progress through quarterly reports, documentation review, and through after action reviews of exercises and responses to actual events and hoaxes.
Evaluation Progress:	The ISDH maintains staff and attends monthly meetings involving hospital personnel and public health personnel within each district. The ISDH facilitates exercises involving hospitals and public health. The ISDH maintains progress reports and AARs from exercises involving both public health and hospitals.

6F::CT3a: Ensure epidemiology response capacity consistent with hospital preparedness guidelines for surge capacity.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	64851
Grantee Activity:	The ISDH will maintain an epidemiology response "surge" capacity through its workforce at various levels. The ISDH will maintain a field epidemiologist in each of the 10 homeland security districts, and field epidemiologists can respond to public health events in districts outside of their own. Subject matter epidemiologists will also provide assistance. In larger events, field staff in other program areas, such as Immunization Program field representatives and Food Protection field staff will be mobilized. Finally, additional epidemiological support will be obtained through temporary duty reassignment via the State Health Commissioner. The ISDH will use internal staff and external partners to provide available training presentations to quickly train reassigned staff members. The ISDH will partner with the Indiana Department of Homeland Security to establish District Planning Councils within each of Indiana's 10 homeland security districts. These councils will include representatives from multiple disciplines including public health and hospitals, and those representatives will meet regularly to provide for planning and response, including surge capacity. The ISDH will send public health representatives to hospital training and exercises, and will include hospital and health care provider personnel in public health training and exercises.
Grantee Activity Progress:	The ISDH currently maintains field epidemiologists, field public health coordinators, and field hospital coordinators who regularly meet among themselves and with local public health and hospital staff to coordinate planning and response for a public health emergency. Subject matter epidemiologists also provide assistance. In larger events, field staff in other program areas, such as Immunization Program field representatives and Food Protection field staff are mobilized. Finally, additional epidemiological support is obtained through temporary duty reassignment via the State Health Commissioner. The ISDH will use internal staff and external partners to provide available training presentations to quickly train reassigned staff members. The ISDH is currently partnering with the Indiana Department of Homeland Security to establish District Planning Councils. The IDHS is currently working to schedule inaugural meetings of those entities. The DPCs will include representatives from public health and hospitals to coordinate services among those disciplines in a public health emergency. The ISDH is currently supporting local health departments in hiring local public health coordinators to engage in preparedness activities, including in developing relationships with local hospitals. Eighty-three out of 94 local health departments have hired local public health coordinators. Public health personnel are attending hospital trainings and exercises, and hospital personnel are attending public health training and exercises.
Barriers:	The ISDH is not the lead agency for creating district planning councils. Local health departments are independent of the ISDH and some are not engaged in preparedness activities.

Evaluation Plan:	The ISDH will monitor progress through quarterly reports, documentation review, and through after action reviews of exercises and responses to actual events and hoaxes.
Evaluation Progress:	The ISDH maintains field epidemiologists and regional hospital coordinators who meet regularly together to coordinate state activities, and who also meet with local health department and hospital staff in their jurisdictions to facilitate local planning and response.

6F::CT3b: Participate in the development of plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	60000
Grantee Activity:	The ISDH will maintain preparedness staff, including field coordinators and epidemiologists in each of the 10 Indiana homeland security districts, to plan for and mitigate surge capacity in a public health emergency. The ISDH will maintain grant agreements with local health departments to plan for and mitigate surge capacity in a local public health emergency. The ISDH will link state and local public health coordination to state and local hospital preparedness activities funded by HRSA to plan for and mitigate surge capacity at the state and local level. The ISDH will partner with the Indiana Division of Mental Health and Addiction to create a statewide plan for behavioral awareness to plan for and mitigate surge capacity in a public health emergency. The ISDH will partner with the Indiana Department of Homeland Security to support the creation of District Planning Councils made up of multiple disciplines and jurisdictions from within each of the state's 10 homeland security districts to plan for and coordinate regional surge. This planning and coordination will include establishing mutual aid and resource sharing agreements between partners and among jurisdictions and disciplines. The ISDH will partner with the IDHS to exercise its plans and procedures to manage public health and hospital surge capacity. The ISDH will work with IDHS and other state agencies in utilizing the Muscatatuck Urban Training Center for planning, training, and the conduct of drills to support plans for public health and hospital surge. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations. The ISDH will seek to develop a web-based triage and patient tracking system.
Grantee Activity Progress:	The ISDH has established state field staff that regularly meets within the 10 homeland security districts with all partners including hospitals to coordinate and plan for public health and hospital surge. The ISDH maintains grant agreements with local health departments for those agencies to employ local staff that is responsible for planning and coordination for local public health and hospital surge. Eighty-three out of 94 local health departments have hired local public health coordinators. The ISDH has partnered with the Indiana Department of Homeland Security to support the creation of District Planning Councils. The homeland security agency is working to coordinate inaugural meetings of the councils. The ISDH has a partnership with the Indiana Division of Mental Health and Addiction to provide behavioral awareness training within each of the 10 homeland security districts to plan for and mitigate public health and hospital surge. The DMHA has begun a series of clinical trainings for public health, mental health, and hospital staff to be completed by August 30, 2006.
Barriers:	The IDHS is the lead agency for creation of district planning councils. Local health departments are independent of the ISDH and some are not engaged in preparedness activities.
Evaluation Plan:	The ISDH will evaluate progress through quarterly reviews and by after action reviews of drills and exercises, and responses to actual events

Evaluation Progress:	The ISDH maintains a field coordinator, a field epidemiologist, a field public information officer, and a field hospital preparedness coordinator in each of Indiana's 10 homeland security districts. This field staff meets at least monthly with local public health coordinators, hospital personnel, and other responders in district meetings for purposes of planning for a regional response to an event.
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6F::CT4: Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and mass prophylaxis support tasks.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59915
Grantee Activity:	The ISDH will develop modules and provide training for investigation and mass prophylaxis clinic activity, and will partner with external entities including educational entities to provide education and training of health care provide volunteers on epidemiologic investigation and mass prophylaxis support tasks.
Grantee Activity Progress:	The ISDH currently partners with the Indiana Public Health Association through the HRSA hospital preparedness program to provide training and education in public health preparedness. This is a continuing relationship with the IPHA to augment the ISDH's prior partnership with IPHA to work with local health departments to provide similar training. The ISDH further partners with the Indiana University School of Public Health and with the Mid America Public Health Training Center to provide training to public health personnel and students. In addition, the ISDH has scheduled monthly epidemiology seminars for internal staff based on the University of North Carolina School of Public Health on-line epidemiology courses. The ISDH has developed and is providing training to public health personnel and volunteers in mass prophylaxis activities. Eighty-five local health departments recently submitted revised mass prophylaxis plans to the ISDH using an ISDH mass prophylaxis template. The ISDH has held three technical advisory workshops throughout the state bringing in local health departments for a review of the plans and best practices from those plans. Those workshops included 123 people from 80 local health departments. In addition, the ISDH is improving the Learning Content Management System to include no-cost, on-line public health courses for public health professionals, health care providers, and others.
Barriers:	Local health departments are independent of the ISDH, and some are not engaged in preparedness activities
Evaluation Plan:	The ISDH will monitor progress through quarterly reports and documentation review, and through evaluations of after action reports from exercises and responses to actual events and to hoaxes.
Evaluation Progress:	The ISDH has developed and is providing training to public health personnel and volunteers in mass prophylaxis activities. Eighty-five local health departments recently submitted revised mass prophylaxis plans to the ISDH using an ISDH mass prophylaxis template. The ISDH has held three technical advisory workshops throughout the state bringing in local health departments for a review of the plans and best practices from those plans. Those workshops included 123 people from 80 local health departments.

6F::CT5: Increase the number of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event who may serve as consultants during a public health emergency.

Est. Completion Date:	08/30/2006
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Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59918
Grantee Activity:	The ISDH will continue to collaborate with the Indiana Health Professions Bureau and other external partners to identify health care providers as volunteers for a public health emergency, and will continue to populate that information into the PHIN. The ISDH will develop and provide education for volunteers on emergency operations. The ISDH will develop partnerships with other entities, including educational entities, to provide competency based education and training to physicians, registered nurses, and other health care personnel, and to provide competency based all hazards education and training to future public health consultants. The ISDH will develop or partner with other entities to develop and provide seminars on infectious, chemical, radiological diseases, and terrorism associated events. The ISDH will continue to support the Learning Management System so ISDH can maintain infectious, chemical, radiological and terrorism associated courses within the LMS.
Grantee Activity Progress:	The ISDH currently partners with the Indiana Professional Licensing Agency to obtain and maintain current contact information on health care providers as volunteers for a public health emergency, and the ISDH is currently providing that information to local health departments and is also maintaining that information on the PHIN. The ISDH currently partners with Indiana University and other educational entities to provide education and training to physicians, registered nurses, and other health care providers to improve competency in dealing with biological, chemical, radiological and terrorism associated events. The ISDH solicited physicians to assist with response activities related to Hurricane Katrina, and maintains a data base with information regarding those volunteers. The ISDH has increased its sentinel surveillance program for influenza like illness and pandemic influenza by increasing the number of sentinel physicians in the state. The ISDH hired a contractor who is establishing a curriculum for physician volunteers, and assisting the ISDH in assembling and establish training for physician teams for emergency response within each of Indiana's 10 homeland security districts and in the state. The ISDH recently hired a contractor who is a former CDC public health officer and current physician to review and revise local health department response plans and identify strategies for filling gaps in those plans, including gaps regarding soliciting and retaining physician volunteers.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reviews, documentation review, and through after action reviews from exercises and responses to actual events and hoaxes.
Evaluation Progress:	The ISDH distributed lists of volunteer physicians along with contact information to all 94 local health departments in the state. The ISDH also maintains that information on the PHIN, and as part of the IHAN alerting system. The ISDH currently partners with Indiana University and other educational entities to provide education and training to physicians, registered nurses, and other health care providers to improve competency in dealing with biological, chemical, radiological and terrorism associated events. The ISDH solicited physicians to assist with response activities related to Hurricane Katrina, and maintains a data base with information regarding those volunteers. The ISDH has increased its sentinel surveillance program for influenza like illness and pandemic influenza by increasing the number of sentinel physicians in the state. The ISDH hired a contractor who is establishing a curriculum for physician volunteers, and assisting the ISDH in assembling and establish training for physician teams for emergency response within each of Indiana's 10 homeland security districts and in the state. The ISDH recently hired a contractor who is a former CDC public health officer and current physician to review and revise local health department response plans and identify strategies for filling gaps in those plans, including gaps regarding soliciting and retaining physician volunteers.

Goal 7: Recover

Decrease the time needed to restore health services and environmental safety to pre-event levels.

Outcome 7A: Recovery and relief plans are implemented and coordinated with the nonprofit sector and nongovernmental relief organizations and with all levels of government. Economic impact is estimated. Priorities are set for recovery activities. Business disruption is minimized. Individuals and families are provided with appropriate levels and types of relief with minimal delay.

7A::CT1: Conduct post-event planning and operations to restore general public health services.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	60422
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other state and local agencies to conduct post-event planning and exercises for a public health emergency. Planning and exercises will include mitigating negative impact on business and commerce within a community and restoring community to pre-event status with an emphasis on maintaining public health services at pre-event levels. The ISDH will work with IDHS and other state agencies in utilizing the Muscatatuck Urban Training Center for planning, training, and the conduct of drills to support plans for incident recovery and community restoration. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations. The ISDH will partner with the Indiana Department of Homeland Security to support the creation of District Planning Councils in each of the 10 Homeland Security Districts in Indiana. District Planning Councils will be composed of representatives from public and private sector entities within each district, and from multiple political jurisdictions within each District. District Planning Councils activity will include planning for recovery and restoration of community and community services following a public health emergency. The ISDH will support local health departments by providing those entities with grants to support local public health coordinators. Local public health coordinators will be responsible for, among other things, engaging in post-event planning and collaboration within their local communities to restore the community to pre-event status.
Grantee Activity Progress:	The ISDH maintains a partnership with the Indiana Department of Homeland Security and coordinates planning and response activities with that agency. That agency's planning and response activities include supporting Indiana's local emergency management agencies. The ISDH maintains a partnership with local health departments supporting planning and activities in each local jurisdiction. The ISDH is currently supporting the Indiana Department of Homeland Security in the creation of District Planning Councils within each of the 10 Homeland Security Districts in Indiana. That agency is currently working to schedule inaugural meetings of those bodies.
Barriers:	ISDH is not the lead entity for district planning.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress, and through after action reviews of exercises and responses to actual events and hoaxes.
Evaluation Progress:	The ISDH deployed with the IDHS and multiple state and local agencies to support Hurricane Katrina relief. Subsequently, the agencies collaborated on an AAR of that event, and routinely respond together and collaborate on AARs. The ISDH maintains AARs from exercises and events. The ISDH and IDHS are collaborating on corrective actions identified following AARs from exercises and events.

7A::CT2: Decrease the time needed to issue interim guidance on risk and protective actions by monitoring air, water, food, and soil quality, vector control, and environmental decontamination, in conjunction with response partners.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	64860

Grantee Activity:	The ISDH will maintain laboratory and crisis communication and public affairs staff sufficient to develop and deploy interim guidance to the state and to local communities during and immediately following a public health emergency. The ISDH will maintain partnerships with state and local agencies responsible for monitoring and developing guidance based on subject matter expertise concerning environmental, food security and safety, and other hazards related to the public health emergency.
Grantee Activity Progress:	The ISDH maintains laboratory and crisis communication and public affairs staff sufficient to develop and deploy interim guidance to the state and to local communities during and immediately following a public health emergency. The ISDH maintains chemists and microbiologists to handle laboratory surge for a public health emergency related to a biological, chemical, or radiological event, and that staff is trained or training to maintain proficiency for all hazards. The ISDH maintains a field Public Information Officer for every two homeland security districts in the state, and a central office crisis communications staff capable of developing and rapidly deploying guidance during and after a public health emergency. The ISDH also maintains a web page with public information including quick facts on biological and chemical agents and diseases, and supports a web master who is available 24/7/365 to update the messages on that site. The ISDH maintains partnerships with state and local agencies responsible for monitoring and developing guidance based on subject matter expertise concerning environmental, food security and safety, and other hazards related to the public health emergency. The ISDH regularly meets with representatives from state agencies responsible for food, agriculture, environment, and animal health, and all serve on a planning and response workgroup that meets biweekly or more often as necessary.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reviews, and through after action reviews from exercises and responses to actual events and hoaxes.
Evaluation Progress:	The ISDH maintains progress reports from meetings held jointly with state, federal and local response partners, and AARs from exercises and responses to actual events. The ISDH collaborates with all state partners.

Goal 8: Recover

Increase the long-term follow-up provided to those affected by threats to the public's health.

Outcome 8A: Increase the long-term follow-up provided to those affected by threats to the public's health.

8A::CT1: Develop and coordinate plans for long-term tracking of those affected by the event.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59972
Grantee Activity:	The ISDH will maintain epidemiology capacity to develop and coordinate plans for tracking persons affected by an event. The ISDH Epidemiology Resource Center will track populations affected by public health events as part of surveillance following an outbreak to identify any additional cases or further disease activity, and will continue the investigation should additional cases be identified. The ISDH will seek to develop a web-based patient tracking system for use during and following a public health emergency.
Grantee Activity Progress:	The ISDH currently supports nine field epidemiologists throughout the 10 Indiana homeland security districts and additional epidemiologists to support public health preparedness and comprehensive disease and patient tracking. The ISDH continues active surveillance of disease cases following an outbreak for approximately two incubation periods following the last identified case of illness. The field epidemiologists assist the

	local health departments with this effort. When no further cases have been identified, the outbreak is declared closed, and the outbreak investigation is summarized in a final report. This report is disseminated to parties involved in the investigation and is available to members of the public via written request ten days after initial dissemination. The ISDH is assessing the utility of a software tool from a private vendor to track persons receiving mass prophylaxis.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports and documentation review, and through after action reviews of exercises and responses to actual events and hoaxes.
Evaluation Progress:	The ISDH monitors progress through quarterly progress reports and documentation review, and through after action reviews of exercises and responses to actual events and hoaxes.

8A::CT2: Improve systems to track cases, exposures, and adverse event reports.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	59975
Grantee Activity:	The ISDH will continue to support field epidemiologists and use that staff to assist local health departments with tracking cases and exposures and tracing contacts. The ISDH Epidemiology Resource Center and ISDH Laboratories will develop a shared database to track cases and corresponding laboratory results to maintain the most current case status and disease agent confirmation. The ISDH will continue to use the Vaccine Adverse Event Reporting System (VAERS) for tracking adverse event reports. The ISDH will seek to develop a web-based triage and patient tracking system to use during and after an event.
Grantee Activity Progress:	The ISDH has completed development of a shared database for use between the Epidemiology Resource Center and the Laboratories, and that application is in the final stages of customization based on user needs. That system is used to track cases, laboratory results, and specimen collection containers. The implementation of StarLIMS will further enhance that capability. Specific, smaller databases are also developed as needed for certain outbreaks, such as mumps. The ISDH field epidemiologists currently support and assist local health departments with tracking cases and exposures and tracing contacts. The ISDH currently uses the Vaccine Adverse Event Reporting System (VAERS) for tracking adverse event reports, and used this system during the 2003 smallpox vaccination effort for health care workers and public health officials.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports, and through after action reviews of exercises and responses to actual events and hoaxes.
Evaluation Progress:	The ISDH will monitor progress through quarterly progress reports, user responses, and after action reviews of exercises and responses to actual events and hoaxes.

8A::CT3: Increase the availability of information resources and messages to foster community's return to self-sufficiency.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress

Percent Complete:	greater than 75%
Grantee Activity Id:	59867
Grantee Activity:	The ISDH will maintain field and central office crisis communications and public information staff to develop and rapidly deploy information regarding a public health emergency and the community's restoration to pre-event status. The ISDH will maintain and enhance the availability of public health and restorative information on the agency's web site, and will continue to support a 24/7/365 web master to develop and rapidly deploy changes to that message. The ISDH will partner with the Division of Mental Health and Addiction, which is part of another state agency, to identify information resources and develop messages that can help foster a community's return to self-sufficiency. This will include information on centers that provide mental health services. The messages that are developed will be disseminated through a variety of sources, including the media, and will empathetically offer information and recommendations to the public. This information will also be posted on the ISDH Web site. We will also work to distribute appropriate literature or other resources to local health departments and other agencies that can distribute the literature at the local level. We will also expand our Health Alert Network capabilities to allow storing and retrieving documents.
Grantee Activity Progress:	The ISDH currently supports field public affairs staff to develop and deploy crisis communications related to public health emergencies. Public affairs staff is assigned one to every two of Indiana's homeland security districts. The ISDH also maintains a web page with up to date information regarding public health emergencies, and the agency supports a 24/7/365 web master. The Risk Communication Director and all five Field Public Information Officers have been trained in Crisis and Emergency Risk Communication by a certified CERC trainer. The Risk Communications Director position was recently vacated and has now been refilled. However, now we have a Field PIO vacancy, which must be refilled. Until such time as that position is filled 2 of the other PIOs have split those 2 jurisdictions within the state to maintain continuity of service. The ISDH currently partners with the Indiana Division of Mental Health and Addiction, which is part of another state agency. The Field Public Information Officers have also been through a two-day Behavioral Health training, which was conducted by the Indiana Division of Mental Health and Addiction. The DMHA is now holding seminars to provide clinical behavioral health training to public health responders.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports and after action reviews of responses from exercises and actual events or hoaxes.
Evaluation Progress:	The ISDH maintains risk communications staff. The ISDH has a CERC plan that is available for review. The ISDH does CERC training for all local health departments and other community responders and planners that includes information on return to self-sufficiency. Local health departments all have CERC plans. The ISDH maintains the staff and infrastructure readily capable of providing information resources and messages to foster community's return to self-sufficiency. The ISDH maintains reports for field public information officers regarding activities, training, and responses, and also maintains AARs from events and exercises.

Goal 9: Improve

Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Outcome 9A: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

9A::CT1: Exercise plans to test horizontal and vertical integration with response partners at the federal, State, tribal, and local level.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress

Grantee Activity Id:	60006
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other entities to develop and support exercises of our plans including SNS receipt and distribution, mass prophylaxis, and communications. These exercises will involve coordination with all of our state, local and federal partners, and will include exercises and tests of local mass prophylaxis capabilities, the state and local interoperability using redundant radio communications, the Health Alert Network messaging system, our agency department operations center, and our disaster recovery site. The ISDH will work with IDHS and other state agencies, and in partnership with federal and local agencies, to utilize the Muscatatuck Urban Training Center for planning, training, and the conduct of drills to support all of our state's all hazards plans. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations.
Grantee Activity Progress:	The ISDH has developed plans for SNS receipt, and coordination of statewide mass prophylaxis using local health departments. The ISDH has supported development of radio interoperability among public safety and other first responders, and that development is ongoing. The ISDH has developed an agency operations center and is training staff in the operation of that center using ICS and NIMS. The ISDH has supported one statewide exercise of the SNS, and multiple table top and functional exercises of local and hospital preparedness, food security, and communications capability. ISDH conducted three (3) functional exercises in January and March of 2006 in which all county first responders participated.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports and through after action reviews of exercises and responses to actual events and hoaxes.
Evaluation Progress:	We have completed the quarterly progress reports with our Local Public Health Departments. In regards to drills and exercises conducted, we have copies of the after action reports conducted within the budget year.

9A::CT2: Decrease the time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60007
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other entities to develop and support exercises of our plans including SNS receipt and distribution, mass prophylaxis, and communications. These exercises will involve coordination with all of our state, local and federal partners, and will include exercises and tests of local mass prophylaxis capabilities, the state and local interoperability using redundant radio communications, the Health Alert Network messaging system, our agency department operations center, and our disaster recovery site. The ISDH will use the IDHS and other entities such as educational entities to assist the agency in identifying deficiencies as part of the after action reports from the exercises conducted. The ISDH will develop and implement strategies to resolve deficiencies and will retest capabilities using exercises and/or in responses to actual events and hoaxes as they occur.
Grantee Activity Progress:	The ISDH has partnered with the Indiana Department of Homeland Security and has participated in exercises organized by or supported by that agency. The ISDH has developed plans for SNS receipt, and coordination of statewide mass prophylaxis using local health departments. The ISDH has supported development of radio interoperability among public safety and other first responders, and that development is ongoing. The ISDH has developed an agency operations center and is training staff in the operation of that center using ICS and NIMS. The ISDH has supported one statewide exercise of the SNS, and multiple table top and functional exercises of hospital preparedness, food security, and communications capability. The ISDH has also responded to numerous public health emergencies or threatened emergencies (including

	Hurricane Katrina), and has coordinated those responses with the IDHS. The ISDH uses after action reviews from those exercises and from responses to actual events and hoaxes to identify and remedy deficiencies. The ISDH has involved the IDHS in those reviews to identify areas of deficiency and to implement resolutions. Remedies have been implemented and used in responses to subsequent events and as part of drills and exercises conducted by the agency.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports and through after action reviews of exercises and responses to actual events and hoaxes.
Evaluation Progress:	We have completed the progress reports with our Local Public Health Departments. In regards to drills and exercises conducted, we have copies of the after action reports conducted within the budget year.

9A::CT3: Decrease the time needed to implement corrective actions.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60010
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security and other entities to develop and support exercises of our plans including SNS receipt and distribution, mass prophylaxis, and communications. These exercises will involve coordination with all of our state, local and federal partners, and will include exercises and tests of local mass prophylaxis capabilities, the state and local interoperability using redundant radio communications, the Health Alert Network messaging system, our agency department operations center, and our disaster recovery site. The ISDH will use the IDHS and other entities such as educational entities to assist the agency in identifying corrective actions for any deficiencies noted as part of the after action review from the exercises. The ISDH will develop and implement strategies to resolve deficiencies and will retest capabilities using exercises and/or in responses to actual events and hoaxes as they occur. The corrective actions will be tied directly to recommendations and include time frames for implementing.
Grantee Activity Progress:	The ISDH has partnered with the Indiana Department of Homeland Security and has participated in exercises organized by or supported by that agency. The ISDH has developed plans for SNS receipt, and coordination of statewide mass prophylaxis using local health departments. The ISDH has supported development of radio interoperability among public safety and other first responders, and that development is ongoing. The ISDH has developed an agency operations center and is training staff in the operation of that center using ICS and NIMS. The ISDH has supported one statewide exercise of the SNS, and multiple table top and functional exercises of hospital preparedness, food security, and communications capability. The ISDH has also responded to numerous public health emergencies or threatened emergencies (including Hurricane Katrina), and has coordinated those responses with the IDHS. The ISDH uses after action reviews from those exercises and from responses to actual events and hoaxes to identify and remedy deficiencies. The ISDH has involved the IDHS in those reviews to facilitate corrective actions. Remedies have been implemented and used in responses to subsequent events and as part of drills and exercises conducted by the agency.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports and through after action reviews of exercises and responses to actual events and hoaxes.
Evaluation Progress:	We have completed the quarterly progress reports with our Local Public Health Departments. In regards to drills and exercises conducted, we have copies of the after action reports conducted within the budget year.

9A::CT4: Decrease the time needed to re-test areas requiring corrective action.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60011
Grantee Activity:	The ISDH will partner with the Indiana Department of Homeland Security or other entities to develop and conduct at least 10 district exercises, and will engage in monthly drills of communications and other capacities and capabilities. In addition, the ISDH responds to public health emergencies or threatened emergencies, and participates in drills and exercises of local health departments and other partners on a weekly basis. These regular exercises and responses test multiple capabilities incorporated into our emergency response plans, and following each the ISDH will undertake an after action review to identify deficiencies and implement corrective actions. These will be tested with the next exercise or response, and an after action review will be undertaken to test the effectiveness of the corrective action.
Grantee Activity Progress:	The ISDH has partnered with the Indiana Department of Homeland Security and has participated in exercises organized by or supported by that agency. The ISDH has developed plans for SNS receipt, and coordination of statewide mass prophylaxis using local health departments. The ISDH has supported development of radio interoperability among public safety and other first responders, and that development is ongoing. The ISDH has developed an agency operations center and is training staff in the operation of that center using ICS and NIMS. The ISDH has supported one statewide exercise of the SNS, and multiple table top and functional exercises of hospital preparedness, food security, and communications capability. The ISDH has also responded to numerous public health emergencies or threatened emergencies (including Hurricane Katrina), and has coordinated those responses with the IDHS. The ISDH uses after action reviews from those exercises and from responses to actual events and hoaxes to identify and remedy deficiencies. The ISDH has involved the IDHS in those reviews to facilitate corrective actions. Remedies have been implemented and used in responses to subsequent events and as part of drills and exercises conducted by the agency.
Evaluation Plan:	The ISDH will monitor progress through quarterly progress reports and through after action reviews of exercises and responses to actual events and hoaxes.
Evaluation Progress:	We have completed the quarterly progress reports with our Local Public Health Departments. In regards to drills and exercises conducted, we have copies of the after action reports conducted within the budget year.

EWIDS

Cross-Border Early Warning Infectious Disease Surveillance

Outcome 10A: Develop and implement a program to collaborate with states or provinces across the international border to provide rapid and effective laboratory confirmation of urgent infectious disease case reports in the border region. Once appropriate cross-border laboratory linkages have been established to enable detection and confirmation of clinical, food and environmental specimens, work towards decreasing the time needed to detect biological agents in tissue, food or environmental samples collected from border jurisdictions that are threats to the public's health.

10A::NA1: If not already undertaken, survey and assess the surveillance and laboratory capacity on each side of the international border and the connectivity among these laboratories with a view towards (a) identifying and addressing needs or gaps with respect to their consistency or uniformity of testing standards, notification protocols, and laboratory-based surveillance data exchange practices and (b) developing bi-national, regional laboratory response capabilities.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66763
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to survey and assess laboratory capacity within Canada, with whom it shares an international border, and with other Great Lakes states that share a border with Canada. Indiana will establish partnerships with lab staff in those jurisdictions to identify gaps or other issues with interoperability of communications, and uniformity of testing standards and measurements, and with reporting or notification protocols. Indiana will seek to establish mutual aid and other agreements with labs in Canada and border states to facilitate information sharing and mutual aid.
Grantee Activity Progress:	Indiana shares an international border with Canada via Lake Michigan, and maintains international ports. Indiana has established a field epidemiologist, a field public health coordinator, and a field public information officer in each of three districts that border Canada and Michigan, another border state. District 1 borders Canada and Illinois, and contains the three Indiana international border counties. District 2 borders Michigan, also a Canadian border state. District 3 borders Ohio, also a Canadian border state. These individuals work with the counties within their districts, and with their contemporaries in the contiguous states, on surveillance activities and to plan for public health response. Moreover, Indiana has now established emergency preparedness coordinators in each of the international border counties, and in three municipal health departments in Lake County, Indiana. All of these individuals would be instrumental in developing a relationship and protocols with Canadian authorities and with representatives from other border states regarding surveillance and response as it relates to international borders. Indiana has already begun to foster relationships with other states that share a border with Canada, most recently participating in ASTHO-sponsored conference calls regarding shared resources with Ohio, Wisconsin, Washington, Michigan, and Montana. Conference calls with Michigan, Ohio, and Indiana (Ontario participates in these calls, but has not provided any information regarding this particular subject area) revealed that we are all following similar processes for laboratory work. All three states have LRN labs and are following the same procedures for receiving specimens for testing.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDCs recent shift in priority to planning and preparedness for Pandemic Influenza.

10A::NA2: Improve cross-border, electronic sharing of laboratory information with public health officials and other partners in neighboring jurisdictions (to facilitate the rapid formulation of an appropriate response to and control of the outbreak). Specific objectives are for jurisdictions on both sides of the international border to: (1) coordinate availability of and access to laboratories with appropriate expertise 24/7/365, and (2) test clinical specimens, food samples, and environmental samples for biological agents that could be used for terrorism.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66776
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to share emergency contact information for purposes of notifications and information sharing, and to support surge capacity.

Grantee Activity Progress:	Indiana maintains a 24/7/365 emergency contact with direct link to the ISDH laboratory. Indiana maintains a web portal for secure data exchange among partners. Indiana is enhancing its PHIN capacity and has implemented the Indiana Health Alert Network. Indiana is participating in the LRN and has procured a LIMS.
Barriers:	Working through funding issues regarding Direct Assistance funding between Indiana and StarLims, that might have been avoided if Indiana could have directly contracted with StarLims. As a result of DA Funding issues, Indiana lost approximately \$550,000 in funding for which we now have to use other funds to secure the services necessary for implementation of the LIMS system.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	The ISDH Laboratory has procured a LIMS product, STARLIMS. Phase one implementation is in process and includes Chlamydia/Gonorrhea, blood and environmental lead, and pandemic influenza and other viruses. As part of our HAN program we have been participating with Michigan, Wisconsin and Minnesota in automated, inter-state messaging. We have finalized the requirements and developed a working transmission prototype. Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the recent CDC shift in priority to planning and preparedness for Pandemic Influenza.

10A::NA3: Develop and maintain a database of all sentinel/clinical labs in your border region that includes name, contact information, Bio-Safety Level, certification status, and whether they are part of an information-sharing network. The database should also include the names and contact information for reference labs used by the sentinel/clinical labs in the border region.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66777
Grantee Activity:	Indiana will seek to partner with the Great Lakes Border Health Initiative to identify and maintain contact and other information for regional labs.
Grantee Activity Progress:	Indiana maintains a 24/7/365 emergency contact with direct link to the ISDH laboratory. Indiana maintains a web portal for secure data exchange among partners. Indiana is enhancing its PHIN capacity and implemented the Indiana Health Alert Network. Indiana is participating in the LRN and has procured a LIMS.
Barriers:	Working through funding issues regarding Direct Assistance funding between Indiana and StarLims, that might have been avoided if Indiana could have directly contracted with StarLims. As a result of DA Funding issues, Indiana lost approximately \$550,000 in funding for which we now have to use other funds to secure the services necessary for implementation of the LIMS system.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	The ISDH Laboratory has procured a LIMS product, STARLIMS. Phase one implementation is in process and includes Chlamydia/Gonorrhea, blood and environmental lead, and pandemic influenza and other viruses. As part of our HAN program we have been participating with Michigan, Wisconsin and Minnesota in automated, inter-state messaging. We have finalized the requirements and developed a working transmission prototype. Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

10A::NA4: In coordination with local public health agencies on both sides of the border, apply information technology to develop or enhance electronic disease surveillance, including electronic disease reporting from clinical and public health laboratories and linkage of laboratory results to case report information.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66780
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to assess laboratory capacity within Canada, with whom it shares an international border, and with other Great Lakes states that share a border with Canada. Indiana will establish partnerships with lab staff in those jurisdictions to identify gaps or other issues with interoperability of communications, and use of electronic means for data sharing among jurisdictions. Indiana will seek to establish mutual aid and other agreements with labs in Canada and border states to facilitate information sharing.
Grantee Activity Progress:	Indiana maintains a web portal for secure data exchange among partners. Indiana is enhancing its PHIN capacity and implemented the Indiana Health Alert Network. Indiana is participating in the LRN and has procured a LIMS.
Barriers:	Working through funding issues regarding Direct Assistance funding between Indiana and StarLims, that might have been avoided if Indiana could have directly contracted with StarLims. As a result of DA Funding issues, Indiana lost approximately \$550,000 in funding for which we now have to use other funds to secure the services necessary for implementation of the LIMS system.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	The ISDH Laboratory has procured a LIMS product, STARLIMS. Phase one implementation is in process and includes Chlamydia/Gonorrhea, blood and environmental lead, and pandemic influenza and other viruses. As part of our HAN program we have been participating with Michigan, Wisconsin and Minnesota in automated, inter-state messaging. We have finalized the requirements and developed a working transmission prototype. Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priority to planning and preparedness for Pandemic Influenza.

Outcome 10B: Conduct joint training for public health personnel from both sides of the border in surveillance-based laboratory methods and application of information technologies relevant to infectious disease surveillance and epidemiology.

10B::NA1: Partner with Schools of Public Health and/or CDC's Centers for Public Health Preparedness to develop binational training activities to enable border health professionals in the U.S., Canada and Mexico to receive introductory or advanced training jointly with their U.S. counterparts in surveillance, epidemiology, laboratory methods and information technologies that are relevant to the detection, reporting and investigation of infectious disease outbreaks.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66785

Grantee Activity:	Indiana will seek to partner with the Indiana University School of Public Health to support education and training for public health professionals and students in binational activities. ISDH will support cultural competency training for state and local public health staff.
Grantee Activity Progress:	Indiana has partnered with the Indiana University School of Public Health to provide education and training to existing and future public health staff. Indiana also partners with the Mid-America Public Health Training Center to provide preparedness education and training, and with the University of Illinois at Chicago (located within another Canadian border state) to provide support for the ISDH Learning Management System. The LMS is a web-based learning management tool and can be populated with courses that support cross-border training in epidemiology and laboratory methods. ISDH currently maintains an office of cultural competency and provides cultural competency training to state and local public health staff and partners.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

Outcome 10C: Rapidly detect a bioterrorist event along the U.S. northern (including Alaska) and southern borders through a highly functioning mandatory reportable disease surveillance system, as evidenced by ongoing timely and complete reporting by providers and laboratories. The long-term objective is to develop and implement cross-border, interoperable disease tracking for all illnesses and conditions possibly resulting from bioterrorism and other infectious disease outbreaks. Continue to support the development or enhancement of reporting protocols, procedures, surveillance activities, information dissemination, or analytic methods that improve the usefulness of the reportable disease system on both sides of the border.

10C::NA1: If not already undertaken, collaborate with Canada or Mexico (as appropriate) to design, develop, and adopt a bi-national surveillance needs assessment tool to be used by public health officials on both sides of the border to identify gaps in the capacity of border jurisdictions to respond to bioterrorism event or infectious disease outbreak. Specific needs assessment studies should focus on availability of expertise, personnel and other resources to carry out epidemiology and surveillance activities essential to cross-border epidemiological investigations and response needs.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66790
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to survey and assess surveillance and detection capacity within Canada and with other Great Lakes states that share a border with Canada. Indiana will establish partnerships with epidemiology and other public health staff in those jurisdictions to identify gaps or other issues that would delay or impede surveillance, detection and reporting to control an epidemic. Indiana will seek to establish mutual aid and other agreements to facilitate disease surveillance and reporting among the jurisdictions.
Grantee Activity Progress:	Indiana shares an international border with Canada via Lake Michigan, and maintains international ports. Indiana has established a field epidemiologist, a field public health coordinator, and a field public information officer in each of three districts that border Canada and Michigan, another border state. District 1 borders Canada and Illinois, and contains the three Indiana international border counties. District 2 borders Michigan, also a Canadian border state. District 3 borders Ohio, also a Canadian border state. These individuals work with the counties within their districts, and with their contemporaries in the contiguous states, on surveillance activities and to plan for public health response. Moreover, Indiana has now established emergency preparedness coordinators in each of the international border counties, and in three municipal health departments in Lake County, Indiana. All of these individuals would be instrumental in developing a relationship and protocols with Canadian

	authorities and with representatives from other border states regarding surveillance and response as it relates to international borders. Indiana has already begun to foster relationships with other states that share a border with Canada, most recently participating in ASTHO-sponsored conference calls regarding shared resources with Ohio, Wisconsin, Washington, Michigan, and Montana. Indiana sent a representative to the Great Lakes Border Health Initiative Conference in August, 2006 to discuss surveillance activities and pandemic influenza.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

10C::NA2: Work with states and provinces across the international border to develop and agree on a list of notifiable conditions and distinguish between select conditions that require immediate reporting to the public health agency (at a minimum, CDC Category A agents) and conditions for which a delay in reporting is acceptable. For those where a delay is acceptable, describe time frames for notification.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66797
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to collaborate on notifiable conditions and reporting protocols and determine, as possible, uniform standards.
Grantee Activity Progress:	Indiana has established a field epidemiologist, a field public health coordinator, and a field public information officer in each of three districts that border Canada and Michigan, another border state. District 1 borders Canada and Illinois, and contains the three Indiana international border counties. District 2 borders Michigan, also a Canadian border state. District 3 borders Ohio, also a Canadian border state. These individuals work with the counties within their districts, and with their contemporaries in the contiguous states, on surveillance activities and to plan for public health response. Moreover, Indiana has now established emergency preparedness coordinators in each of the international border counties, and in three municipal health departments in Lake County, Indiana. All of these individuals would be instrumental in developing a relationship and protocols with Canadian authorities and with representatives from other border states regarding surveillance and response as it relates to international borders. Indiana has already begun to foster relationships with other states that share a border with Canada, most recently participating in ASTHO-sponsored conference calls regarding shared resources with Ohio, Wisconsin, Washington, Michigan, and Montana. Indiana sent a representative to the Great Lakes Border Health Initiative Conference in August, 2006 to discuss surveillance issues and pandemic influenza.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

10C::NA3: Develop or improve infectious disease surveillance in a uniform manner along and across the international border by establishing a network of hospitals, clinics, epidemiologists and laboratories to conduct active sentinel surveillance for emerging infectious diseases and syndromes such as SARS, West Nile Virus, and fever and rash syndromes.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66798
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to survey and assess surveillance and detection capacity within Canada and with other Great Lakes states that share a border with Canada. Efforts will be made to collaborate on uniform standards where possible. ISDH will utilize partnerships to identify a network of health care providers, public health staff, health care facilities, and public health laboratories to provide for comprehensive and active surveillance among the jurisdictions.
Grantee Activity Progress:	ISDH has established field staff in the districts that border Canada and the Canadian border states, and that staff including epidemiologists, public health coordinators, and hospital preparedness staff is working with border states on collaborative planning. ISDH maintains an active syndromic surveillance program mining data from hospitals, pharmacies, schools and other sources.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

10C::NA4: Continue to develop and evaluate sentinel/syndromic surveillance programs in border hospitals and clinics to rapidly detect (a) influenza-like illness (ILI) and distinguish possible bioterrorism-caused illness from other causes of ILI and (b) severe acute vesicular rash syndromes resembling smallpox and other febrile exanthemas to distinguish possible bioterrorism-caused illness from other causes and assist in case definition through specific clinical entry criteria and differential diagnosis.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	66799
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to evaluate and enhance surveillance and detection capacity within Canada and with other Great Lakes states that share a border with Canada. Efforts will be made to collaborate on enhancing surveillance, including electronic surveillance capacity, to rapidly detect and share disease information.
Grantee Activity Progress:	ISDH has established field staff in the districts that border Canada and the Canadian border states, and that staff including epidemiologists, public health coordinators, and hospital preparedness staff is working with border states on collaborative planning. ISDH maintains an active syndromic surveillance program mining data from hospitals, pharmacies, schools and other sources. Currently, 12 hospitals in Lake and LaPorte Counties, which are considered border counties with Canada, are submitting live emergency department chief complaint data through the syndromic surveillance program.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Other hospitals in Lake, Porter and LaPorte Counties are scheduled for Year 3 to provide additional coverage. Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

10C::NA5: Continue to engage federally recognized tribes along the international border in your state in cross-border infectious disease surveillance activities through mutual aid compacts, memoranda of understanding, and/or agreements. Where appropriate, include local binational health councils and/or Indian Tribes/Native American organizations in bioterrorism surveillance activities.

No Grantee Activity Defined.

10C::NA6: Assess the timeliness and completeness of your reportable disease surveillance system at least once a year for detecting and reporting outbreaks of infectious diseases in the border region.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	51% - 75%
Grantee Activity Id:	66805
Grantee Activity:	ISDH will review its syndromic surveillance system and notification protocols for completeness and timeliness of reporting, and will collaborate with public health staff in Canada and Canadian border states to identify deficiencies and take corrective action as appropriate.
Grantee Activity Progress:	ISDH supports a quality assurance epidemiologist, and field epidemiology staff sufficient to support reviews and collaboration. The Quality Assurance Epidemiologist assesses the reportable disease surveillance system semi-annually. Results and recommendations are provided to the Director of Surveillance and Investigation. Notification protocols for responding to syndromic surveillance alerts have been developed.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

10C::NA7: Formulate, develop and, when feasible, test a bi-national 24/7 infectious disease reporting plan that extends its coverage area to jurisdictions on both sides of the border. State, provincial and/or priority local public health agencies develop/implement a cross-border early event detection system that: 1) receives immediately notifiable condition and emergent public health threat reports 24/7/365, 2) immediately notify the agency-designated public health professional 24/7/365, 3) have the agency-designated public health professional promptly respond to immediately notifiable condition or emergency public health threat reports 24/7/365, and 4) receive reportable disease reports 24/7/365.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66808
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to collaborate on development of a bi-national 24/7/365 infectious disease surveillance and reporting plan. Indiana will participate in exercises of any plan developed through this collaboration.

Grantee Activity Progress:	Indiana shares an international border with Canada via Lake Michigan, and maintains international ports. Indiana has established a field epidemiologist, a field public health coordinator, and a field public information officer in each of three districts that border Canada and Michigan, another border state. District 1 borders Canada and Illinois, and contains the three Indiana international border counties. District 2 borders Michigan, also a Canadian border state. District 3 borders Ohio, also a Canadian border state. These individuals work with the counties within their districts, and with their contemporaries in the contiguous states, on surveillance activities and to plan for public health response. Moreover, Indiana has now established emergency preparedness coordinators in each of the international border counties, and in three municipal health departments in Lake County, Indiana. All of these individuals would be instrumental in developing a relationship and protocols with Canadian authorities and with representatives from other border states regarding surveillance and response as it relates to international borders. Indiana has already begun to foster relationships with other states that share a border with Canada, most recently participating in ASTHO-sponsored conference calls regarding shared resources with Ohio, Wisconsin, Washington, Michigan, and Montana. Indiana maintains a partnership with the Indiana Department of Homeland Security for all hazards planning and response, including exercises of its emergency preparedness plans. The ISDH maintains a telephone duty officer system that is operational 24/7/365, and field epidemiologists and subject matter epidemiologists have 24/7/365 response capability.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

Outcome 10D: Ensure electronic exchange of infectious disease related information (that would include clinical, laboratory and environmental data) in standard formats between the computer systems of your public health department and those of your counterpart agency across the international border.

10D::NA1: Conduct joint, cross-border assessments of information technology capabilities essential to infectious disease surveillance.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66812
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to survey and assess interoperability issues with Canada, with whom it shares an international border, and with other Great Lakes states that share a border with Canada. Indiana will establish partnerships with those jurisdictions to identify gaps or other issues with interoperability of communications and information sharing, and will seek to establish mutual aid and other agreements with those jurisdictions to facilitate information sharing and interoperability.
Grantee Activity Progress:	The ISDH is establishing interoperable communications with all jurisdictions and disciplines within the state responsible for emergency preparedness activities, and in conjunction with the Indiana Department of Homeland Security is working with other Great Lakes border states to establish interoperable communications. ISDH maintains field epidemiologists and other public health staff that can sustain collaborative efforts to identify gaps in interoperability of infectious disease reporting.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

10D::NA2: Collaborate with public health officials in border jurisdictions to identify how infectious disease outbreak information can be most rapidly and effectively shared across the border. Together, border jurisdictions should explore the interoperability of information technology systems, i.e., the ability of different types of computers, networks, operating systems, and applications to work together effectively. Jurisdictions on both sides of the border should work towards ensuring the connectivity and interoperability, both vertically and horizontally, of their surveillance and epidemiology relevant information technology (IT) systems.

No Grantee Activity Defined.

10E::NA3: Working with jurisdictions across the border, establish a secure, Web-based communications system that provides for rapid and accurate reporting and discussion of disease outbreaks and other acute health events that might suggest bioterrorism. Include provision for routine communications (e.g., Web, e-mail) and alert capacity for emergency notification (e.g., phone, pager) of key staff of counterpart agency across the border.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	60012
Grantee Activity:	ISDH will seek to expand the capabilities of our current Indiana Health Alert Network System to support cross border communications. We will also implement Common Alerting Protocols (CAP) to support electronic messaging. ISDH will maintain web portal for secure data sharing. Indiana will also maintain the Public Health Emergency Surveillance System (PHESS) to achieve real time surveillance and reporting from hospitals and other data sources. Indiana will also participate in the Bio Watch program.
Grantee Activity Progress:	ISDH currently maintains a web portal for secure data sharing, and is piloting the Indiana HAN to support communications and alerting. Indiana is participating in the Bio Watch program, and is currently using the PHESS to collect real time data in surveillance from hospitals, pharmacies, and schools. The hospital program is being piloted in hospitals throughout the Indianapolis metro area and also includes at least one hospital from each of Indian's homeland security districts, including the districts that border Canada and the Canadian border states.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	As part of our HAN program we have been participating with Michigan, Wisconsin and Minnesota in automated, inter-state messaging. We have finalized the requirements and developed a working transmission prototype.

Outcome 10E: Conduct joint training of public health personnel from both sides of the border in infectious disease surveillance and epidemiology.

10E::NA1: Work with states and provinces along the international border to help train personnel regarding notifiable diseases, conditions, syndromes and their clinical presentations, and reporting requirements and procedures, including those conditions and syndromes that could indicate a bioterrorist event.

Est. Completion Date:	08/30/2006
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Percent Complete:	less than 25%
Grantee Activity Id:	66826
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to assess training needs among public health staff and partners within Canada, with whom it shares an international border, and with other Great Lakes states that share a border with Canada. Indiana would seek to host a series of conference calls involving the Indiana public health representatives from the state's border jurisdictions with Canadian and other states' representatives. These calls will be geared toward identifying what each jurisdiction is already doing by way of training on notifiable diseases and conditions, reporting requirements, and procedures for the control of outbreaks. Indiana will collaborate with Canada and Canadian border state partners to identifying additional training to meet those needs. Indiana would further collaborate with the Indiana Ports Commission and the United States Coast Guard. These entities would be instrumental in assisting the border states and Canada with identifying and addressing vulnerabilities and with providing training and support for common operational response.
Grantee Activity Progress:	Indiana shares an international border with Canada via Lake Michigan, and maintains international ports. Indiana has established a field epidemiologist, a field public health coordinator, and a field public information officer in each of three districts that border Canada and Michigan, another border state. District 1 borders Canada and Illinois, and contains the three Indiana international border counties. District 2 borders Michigan, also a Canadian border state. District 3 borders Ohio, also a Canadian border state. These individuals work with the counties within their districts, and with their contemporaries in the contiguous states, on surveillance activities and to plan for public health response. Moreover, Indiana has now established emergency preparedness coordinators in each of the international border counties, and in three municipal health departments in Lake County, Indiana. All of these individuals would be instrumental in developing a relationship and protocols with Canadian authorities and with representatives from other border states regarding surveillance and response as it relates to international borders. Indiana has already begun to foster relationships with other states that share a border with Canada, most recently participating in ASTHO-sponsored conference calls regarding shared resources with Ohio, Wisconsin, Washington, Michigan, and Montana. Indiana currently partners with the Indiana Department of Homeland Security, the Indiana Public Health Association, the Indiana University School of Public Health, and other entities to provide training to public health staff. Indiana also maintains a web-based Learning Management System to provide training.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

10E::NA2: Conduct joint infectious disease surveillance exercises involving a broad range of appropriate participants from both sides of the international border. This exercise should involve not only border health departments but, where feasible, local hospitals, hospital laboratories, major community health care institutions, emergency response agencies, and public safety agencies in order to respond in a coordinated manner.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66830
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to participate in joint exercises of surveillance activities with Canada and the other Canadian border states. Indiana would involve partners from other emergency response disciplines in Indiana including public safety, emergency management, and hospitals. Indiana would support involvement of Indiana Department of Homeland Security and would seek to utilize the Mascatauck Urban Training Center for cross-border exercises.

Grantee Activity Progress:	Indiana maintains field staff in the homeland security districts bordering Canada and Canadian border states, and that staff participates in district exercises and collaborates with other border states on planning and exercises of all hazards plans. Indiana is supporting the creation of District Planning Councils, including three regional councils bordering Canada or Canadian border states, which councils can engage in cross border collaboration including collaboration on exercises. Indiana field staff and local responders meet monthly within the districts for collaboration and to participate in tabletop and other exercises. Indiana maintains a partnership with the Indiana Department of Homeland Security for collaboration, and is supporting exercise planners within that agency.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

Outcome 10F: Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by infectious disease threats by rapidly and effectively investigating and responding to a potential bioterrorist event in the border region - as evidenced by effective cross-border state/provincial and local responses to naturally occurring individual cases of urgent public health importance or outbreaks of disease along our international borders.

10F::NA1: Develop the capability to undertake joint epidemiological investigations of infectious disease outbreaks along the international border. Such capability should include the ability to jointly: 1) assess the seriousness of the threat and rapidly mobilize in response to an emergency, 2) investigate to identify causes, risk factors, and appropriate interventions, 3) coordinate the tracking of victims, cases, contacts, exposures, prophylaxes, treatments, and patient disposition, and 4) contribute information directly to the public, including special populations, that explains and informs about risk and appropriate courses of action.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66831
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to survey and assess surveillance and detection capacity within Canada and with other Great Lakes states that share a border with Canada. Indiana will establish partnerships with epidemiology and other public health staff in those jurisdictions to identify gaps or other issues that would delay or impede surveillance, detection and reporting to control an epidemic. Collaboration would emphasize coordinated mobilization, investigation, tracking, and crisis communication. Indiana will seek to establish mutual aid and other agreements to facilitate joint response.
Grantee Activity Progress:	Indiana shares an international border with Canada via Lake Michigan, and maintains international ports. Indiana has established a field epidemiologist, a field public health coordinator, and a field public information officer in each of three districts that border Canada and Michigan, another border state. District 1 borders Canada and Illinois, and contains the three Indiana international border counties. District 2 borders Michigan, also a Canadian border state. District 3 borders Ohio, also a Canadian border state. These individuals work with the counties within their districts, and with their contemporaries in the contiguous states, on surveillance activities and to plan for public health response. Moreover, Indiana has now established emergency preparedness coordinators in each of the international border counties, and in three municipal health departments in Lake County, Indiana. All of these individuals would be instrumental in developing a relationship and protocols with Canadian authorities and with representatives from other border states regarding coordinated surveillance and response as it relates to international borders. Indiana has already begun to foster relationships with other states that share a border with Canada, most recently participating in

Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

10F::NA2: Continue to convene binational surveillance and epidemiology planning workshops to discuss and plan cross-border surveillance and/or epidemiology related activities. Such activities should, where feasible, involve a collaborative and regional approach with neighboring US border states as well as Mexico or Canada (as appropriate).

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66832
Grantee Activity:	ISDH would seek to partner with Canada and Canadian border states to participate in regular meetings and conference calls with public health staff from those jurisdictions, and supporting partners including Ports Commissions, state and federal environmental agencies, and the United States Coast Guard to collaborate and plan for a public health emergency response. Collaboration would include local responders from each of the homeland security districts sharing a border with Canada and the Canadian border states.
Grantee Activity Progress:	Indiana shares an international border with Canada via Lake Michigan, and maintains international ports. Indiana has established a field epidemiologist, a field public health coordinator, and a field public information officer in each of three districts that border Canada and Michigan, another border state. District 1 borders Canada and Illinois, and contains the three Indiana international border counties. District 2 borders Michigan, also a Canadian border state. District 3 borders Ohio, also a Canadian border state. These individuals work with the counties within their districts, and with their contemporaries in the contiguous states, on surveillance activities and to plan for public health response. Moreover, Indiana has now established emergency preparedness coordinators in each of the international border counties, and in three municipal health departments in Lake County, Indiana. All of these individuals would be instrumental in developing a relationship and protocols with Canadian authorities and with representatives from other border states regarding surveillance and response as it relates to international borders. Indiana has already begun to foster relationships with other states that share a border with Canada, most recently participating in ASTHO-sponsored conference calls regarding shared resources with Ohio, Wisconsin, Washington, Michigan, and Montana. Conference calls are ongoing on a periodic basis with Michigan, Illinois, Ohio, Minnesota, Pennsylvania, and Ontario, Canada with regard to pandemic influenza and planning for the outbreak.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

Outcome 10G: Conduct joint training for public health personnel from both sides of the border to develop, train and exercise binational epidemiologic response teams.

10G::NA1: Develop and exercise plans for binational epidemiologic response teams to conduct capable field epidemiologic investigations, rapid needs assessments, exposure assessments, and response activities on both sides of the border.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	66833
Grantee Activity:	ISDH will seek to partner with the Great Lakes Border Health Initiative to collaborate on the development of joint epidemiological response plans, including response teams as appropriate, and will participate in joint assessments and exercises of plans. Indiana would involve partners from other emergency response disciplines in Indiana including public safety, emergency management, and hospitals. Indiana would support involvement of Indiana Department of Homeland Security and would seek to utilize the Mascatatuck Urban Training Center for cross-border exercises.
Grantee Activity Progress:	Indiana maintains field staff in the homeland security districts bordering Canada and Canadian border states, and that staff participates in district exercises and collaborates with other border states on planning and exercises of all hazards plans. Indiana is supporting the creation of District Planning Councils, including three regional councils bordering Canada or Canadian border states, which councils can engage in cross border collaboration including collaboration on exercises. Indiana field staff and local responders meet monthly within the districts for collaboration and to participate in tabletop and other exercises. Indiana maintains a partnership with the Indiana Department of Homeland Security for collaboration, and is supporting exercise planners within that agency.
Evaluation Plan:	Progress would be evaluated through quarterly progress reports.
Evaluation Progress:	Progress in this area is limited due to a lack of resources, and activity levels of current personnel who are overwhelmed working on other projects including the CDC's recent shift in priorities to planning and preparedness for Pandemic Influenza.

CRI

Cities Readiness Initiative

Outcome 11A: Cities Readiness Initiative

11A::CT1: Summarize progress from year one of the pilot project or, for new awardees, progress on SNS activities over the last year. This should include updates on items 2 and 3 below.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	greater than 75%
Grantee Activity Id:	61722
Grantee Activity:	The ISDH improved its rating on the SNS program from Red Plus to Amber Minus. The ISDH will improve on its current rating of Amber Minus. The ISDH will develop plans for inventory control and repackaging of the SNS, and will exercise its plans and SOPs for those functions as well as for receipt, storage and staging of the SNS. The ISDH will enter into a Memorandum of Understanding or other agreement to provide for security of the RSS and statewide distribution of the SNS, and will enter into a contract for transportation services and distribution of the SNS from the state warehouse facility to points of distribution (PODS) throughout the state. The ISDH will partner with the Indiana Department of Homeland

	Security to support exercise planners and exercises of the state's SNS plans, and local receipt and distribution activities. The ISDH will work with IDHS and other state agencies in utilizing the Muscatatuck Urban Training Center for planning, training, and the conduct of drills on all of our state's all hazards plans to improve preparedness. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations.
Grantee Activity Progress:	The ISDH has plans for inventory control and repackaging of the SNS. These plans will be tested throughout the months ahead. Repackaging planning and training is difficult as the counting/sorting equipment utilized in the SNS is not available from the CDC to use in training. Personnel are identified and Butler University School of Pharmacology is enlisting support from various Pharmacist Associations in the Indianapolis area. The ISDH SNS distribution plan was rated Green in our last CDC SNS Assessment. Our SNS Security for both the RSS and distribution plans was determined to be excellent during the last CDC SNS Assessment. The ISDH is partnering with the IDHS for training and exercises related to the SNS plan. A number of training and exercises have taken place to include a recent day long statewide pan flu table top exercise.
Evaluation Plan:	Progress will be evaluated using quarterly reports, an anticipated CDC site visit, and through after action reviews of drills, exercises and responses to actual events or hoaxes.
Evaluation Progress:	The ISDH is hosted and completed training for functional exercises using the CDC's Mobile Training Team. We have completed two quarterly progress reports with our Local Public Health Departments. We have completed a current year site visit and SNS evaluation for the state. Our current rating remains Amber Minus with the CDC using stricter evaluation criteria than previously utilized during past evaluations, and notwithstanding the CDC acknowledgment that Indiana made rating improvements in seven of the 14 functional areas. The ISDH has signed an agreement with the Department of Transportation for distribution of the SNS to PODS throughout the state. Both the Indiana Department of Transportation and the Indiana State Police have developed written plans for SNS distribution and security for the state. Indiana conducted its CRI Executive Briefing for the Indianapolis MSA. The CDC has conducted site assessments in Indiana's CRI jurisdictions. In regards to drills and exercises conducted, we have copies of the after action reports conducted within the first half of the budget year. Indiana has conducted at least three limited functional exercises of the SNS RSS and distribution, security and communications system. The ISDH has prepared grants for two lead counties, one in each of Indiana's funded CRI jurisdictions.

11A::CT2: Summarize the current status of plans for antibiotic distribution within the designated city – indicating the number of Points of Distribution (PODs) that the city currently is able to establish, the number of personnel (paid staff and volunteers) that are likely to be available for this purpose, and the estimated number of individuals to whom the PODs can provide antibiotic prophylaxis over a 48-hour period.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60434
Grantee Activity:	The ISDH will partner with local health departments for the Indiana counties making up the Chicago and Indianapolis MSA to further develop and enhance their mass prophylaxis plans to support antibiotic prophylaxis of the entire jurisdictions of those MSAs over a 48-hour period. The ISDH will identify the lead local health department for the Indiana jurisdictions in each MSA and provide funding to those entities to support personnel, travel, and other activities for purposes of planning this initiative. The ISDH and its Indianapolis MSA partners will seek to develop plans to provide antibiotic prophylaxis 1,382,400 individuals during a 48-hour period. The ISDH and its Chicago MSA partners (Indiana jurisdictions) will seek to develop plans to provide antibiotic prophylaxis to 652,800 individuals during a 48-hour period. The ISDH will support the CRI activities in part through partnership with the Indiana Department of Homeland Security to collaborate on planning and exercises of plans. The ISDH will work with IDHS and other state agencies, as well as with the local health departments in each MSA, to utilize the Muscatatuck Urban Training Center for planning, training, and the conduct of drills on local health department mass prophylaxis plans. The

	Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations.
Grantee Activity Progress:	The ISDH is partnering with local health departments for the Indiana counties making up the Chicago, Indianapolis, Cincinnati and Louisville MSAs to further develop and enhance mass prophylaxis plans to support antibiotic prophylaxis of the entire jurisdictions of those MSAs within a 48-hour period. The ISDH has identified the lead local health department for the Indiana jurisdictions in each MSA and has begun the process to provide funding to those entities to support staff, travel, and other activities for purposes of planning this initiative. The ISDH and its Indianapolis MSA partners are developing plans to provide antibiotic prophylaxis to 1,382,400 individuals during a 48-hour period. The ISDH and its Chicago MSA partners (Indiana jurisdictions) will seek to develop plans to provide antibiotic prophylaxis to 652,800 individuals during a 48-hour period. The ISDH and its local health department partners are identifying new partners for distribution of mass prophylaxis including university and large employer health clinics, vendors including the postal service and competitors, utilities and transportation services, long-term care facilities, group homes, and other institutional partners. The ISDH and its local health department partners are establishing agreements for new and non-traditional PODs. The ISDH is working to enhance its volunteer base to support increased distribution of antibiotic prophylaxis. The ISDH is supporting the CRI activities in part through partnership with the Indiana Department of Homeland Security to collaborate on planning and exercises of plans. The ISDH is working with IDHS and other state agencies, to utilize the Muscatatuck Urban Training Center for planning, training, and the conduct of drills on local health department mass prophylaxis plans.
Evaluation Plan:	Progress will be measured using quarterly progress reports, documentation review, and through after action reviews of exercises and responses to actual events and to hoaxes.
Evaluation Progress:	The ISDH has prepared grants to the Marion and Porter County health departments for CRI planning and activity during the current grant year. This was delayed pending executive briefings and site assessments, the state's response to Hurricane Katrina, and the state contracting process. In addition, the ISDH had to identify a new grantee for CRI funding in the Indiana counties in the Chicago MSA. Because of the recent death of the preparedness coordinator for the Lake County Health Department, that agency requested that the Porter County Health Department take the lead for CRI activity during the current grant year. All of the local health departments in both CRI jurisdictions prepared draft plans for receipt of the SNS and for mass prophylaxis, and during the current grant year have submitted revised plans for mass prophylaxis using an ISDH mass prophylaxis template. Those revised plans are under review and will be revised to accommodate CRI benchmarks and activity. ISDH is developing a PHIN compliant ESAR-VHP registry and is currently populating that registry with contact information for volunteers to support mass prophylaxis. All of the local health departments have been provided with volunteer lists for their jurisdictions, and all of the local health departments are currently developing contact information for that volunteer database. The ISDH hosted the CDC's Mobile Training Team for training and functional exercise in November 2005. We have completed two quarterly progress reports with our Local Public Health Departments. In regards to drills and exercises conducted, we have copies of the after action reports conducted within the first half of the budget year.

11A::CT3: Describe actions that will be taken over the next budget year to ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period. Included in these actions are non traditional PODs including the postal plan or other local option developed to meet the 48-hour dead line.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	66839
Grantee Activity:	The ISDH will partner with local health departments for the Indiana counties making up the Chicago and Indianapolis MSA to further develop and enhance their mass prophylaxis plans to support antibiotic prophylaxis of the entire jurisdictions of those MSAs over a 48-hour period. The ISDH will identify the lead local health department for the Indiana jurisdictions in each MSA and provide funding to those entities to support

	<p>staff, travel, and other activities for purposes of planning this initiative. The ISDH and its Indianapolis MSA partners will seek to develop plans to provide antibiotic prophylaxis 1,382,400 individuals during a 48-hour period. The ISDH and its Chicago MSA partners (Indiana jurisdictions) will seek to develop plans to provide antibiotic prophylaxis to 652,800 individuals during a 48-hour period. The ISDH and its local health department partners will identify new partners for distribution of mass prophylaxis including university and large employer health clinics, vendors including the postal service and competitors, utilities and transportation services, long term care facilities, group homes, and other institutional partners. The ISDH and its local health department partners will establish agreements for new and non traditional PODs, and will work to enhance its volunteer base to support increased distribution of antibiotic prophylaxis. The ISDH will support the CRI activities in part through partnership with the Indiana Department of Homeland Security to collaborate on planning and exercises of plans. The ISDH will work with IDHS and other state agencies, as well as with the local health departments in each MSA, to utilize the Muscatatuck Urban Training Center for planning, training, and the conduct of drills on local health departments mass prophylaxis plans. The Muscatatuck facility includes a large campus structured like a small town, and includes a former state hospital facility and community-like facilities that can be used to simulate those environments for testing protocols, training, and drills without disrupting existing operations.</p>
Grantee Activity Progress:	<p>All of the local health departments in these two MSAs have prepared draft plans for receipt of the SNS and for mass prophylaxis. All plans and PODs have been reviewed and will be returned to the jurisdictions with recommendations, strengths and weaknesses for further enhancement or corrective action as necessary. ISDH is developing a PHIN compliant ESAR-VHP registry and is currently populating that registry with contact information for volunteers to support mass prophylaxis. All of the local health departments have been provided with volunteer lists for their jurisdictions, and all of the local health departments are currently developing contact information for that volunteer database. The ESAR-VHP registry will need to be enhanced and new volunteers will need to be identified to meet the goals of the CRI program. ISDH currently partners with the IDHS and attends biweekly meetings of the homeland security work group, and monthly meetings of the Counter Terrorism Security and Advisory Council to support planning and exercise activity. The ISDH supports training and exercise activities for state, district and local staff, including local health departments and hospitals. ISDH currently partners with local health departments to support a local public health coordinator to do emergency preparedness planning, and that partnership may provide a springboard for these enhanced activities and requirements. The ISDH is supporting the creation of District Planning Councils in each of Indiana 10 homeland security districts. These councils will provide for regional coordination of plans and exercises, and will provide an additional springboard to accomplish the regional (MSA) activities required as part of the CRI initiative.</p>
Evaluation Plan:	<p>Progress will be measured using quarterly progress reports, documentation review, and through after action reviews of exercises and responses to actual events and to hoaxes.</p>
Evaluation Progress:	<p>CDC local assessments have been completed. The ISDH has prepared grants to the Marion and Porter County health departments for CRI planning and activity during the current grant year. This was delayed pending executive briefings and site assessments, the state's response to Hurricane Katrina, and the state contracting process. In addition, the ISDH had to identify a new grantee for CRI funding in the Indiana counties in the Chicago MSA. Because of the recent death of the preparedness coordinator for the Lake County Health Department, that agency requested that the Porter County Health Department take the lead for CRI activity during the current grant year. Grants will support staff for planning and prophylaxis for first responders. All of the local health departments in both CRI jurisdictions prepared draft plans for receipt of the SNS and for mass prophylaxis, and during the current grant year have submitted revised plans for mass prophylaxis using an ISDH mass prophylaxis template. Those revised plans are under review and will be revised to accommodate CRI benchmarks and activity. ISDH is developing a PHIN compliant ESAR-VHP registry and is currently populating that registry with contact information for volunteers to support mass prophylaxis. All of the local health departments have been provided with volunteer lists for their jurisdictions, and all of the local health departments are currently developing contact information for that volunteer database. The ISDH hosted the CDC's Mobile Training Team for training and functional exercise in November 2005. We have completed two quarterly progress reports with our Local Public Health Departments. In regards to drills and exercises conducted, we have copies of the after action reports conducted within the first half of the budget year.</p>

Level 2 Lab

Level 2 Lab

Outcome 14A: Level 2 Lab**14A::CT1:** Accept clinical specimens and begin analysis within 24 hours of receiving the call for assistance from CDC.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60116
Grantee Activity:	The ISDH CT Lab will accept clinical specimens and begin analysis within 24 hours of receiving the call for assistance from CDC.
Grantee Activity Progress:	The ISDH lab is qualified for the toxic metal screen (ICP/MS) and CN (GC/MS) and is performing the CDC PE samples. The receiving area is set up at a special lab location for immediate analytical response and screening. There are backup staff for analysis and sample preparation. Training of additional surge staff is ongoing. The plan is to have 4 to 5 trained and qualified by competency on each method by the end of this grant cycle. A Ph.D. Scientist (Chemist/Clinical Toxicologist) is requested to develop and interpret the methods and serve as technical supervisor.
Barriers:	The Ph.D. level scientist position has not been filled.
Evaluation Plan:	The PE samples and a planned exercise will demonstrate communication, sample receiving, and analytical capabilities.
Evaluation Progress:	We have successfully completed all PE samples to date and have identified a hospital to participate in the CT Specimen collection, packaging, and shipping exercise through the LRN-C

14A::CT2: Demonstrate proficiency to rapidly detect and measure Level-Two chemical agents (such as cyanide-based compounds, heavy metals, and nerve agents) in CLINICAL specimens within 24 hours of the request from CDC. Currently, CDC methods for Level-Two chemical agents use the analytical techniques of inductively coupled plasma mass spectrometry and gas chromatography mass spectrometry. The list of Level-Two chemical agents will expand as methods are developed or modified. Tandem mass spectrometry methods are not required for Level-Two chemical agents.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60120
Grantee Activity:	The ISDH CT Lab will demonstrate proficiency to rapidly detect and measure Level-Two chemical agents (such as cyanide-based compounds, heavy metals, and nerve agents) in CLINICAL specimens within 24 hours of the request from CDC.
Grantee Activity Progress:	The ISDH laboratory is currently set up with the GC/MS and an ICP/MS. Proficiency has been demonstrated for the ICP/MS and the GC/MS. A new LC/MS/MS is currently planned for nerve agent analysis. Methods manuals and procedure manuals are prepared and placed in the CT lab. The plan is to have 4 to 5 trained and qualified by competency on each method by the end of this grant cycle. A Ph.D. Scientist (Chemist/Clinical Toxicologist) is requested to develop and interpret the methods and serve as technical supervisor.

Barriers:	The Ph.D. level scientist position has not been filled.
Evaluation Plan:	Plans are developed for performance evaluation on the cyanide analysis. With cross training, there will be periodic analytical experience gained by the back up analysts and PE samples run by each analyst to judge their competency. The plan is to have 4 to 5 trained and qualified by competency on each method by the end of this grant cycle. A Ph.D. Scientist (Chemist/Clinical Toxicologist) is hired to supervise, develop and interpret the methods.
Evaluation Progress:	We have completed the cyanide method validation and have received approval from the LRN. Cross training is ongoing with scheduled refresher training and proficiency testing.

14A::CT3: Develop and maintain plans and procedures for adequate and secure : clinical specimen transport and handling, worker safety, appropriate Bio-Safety Level (BSL) conditions for working with clinical specimens, staffing and training of personnel, quality control and assurance, triage procedures for prioritizing intake and testing of specimens or samples before analysis, secure storage of critical agents and samples of forensic value, appropriate levels of supplies and equipment needed to respond to chemical terrorism events, securing facilities, reagents, and equipment, and special requirements.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60128
Grantee Activity:	The ISDH CT Lab will develop and maintain plans and procedures for adequate and secure : clinical specimen transport and handling, worker safety, appropriate Bio-Safety Level (BSL) conditions for working with clinical specimens, staffing and training of personnel, quality control and assurance, triage procedures for prioritizing intake and testing of specimens or samples before analysis, secure storage of critical agents and samples of forensic value, appropriate levels of supplies and equipment needed to respond to chemical terrorism events, securing facilities, reagents, and equipment, and special requirements.
Grantee Activity Progress:	Procedures and descriptions are placed in SOP Manuals for description of sample handling and transport for clinical samples. Training in blood borne pathogens, biosafety, chemical safety and the need for Hepatitis vaccine has been completed for the staff that are in the CT lab. Proper facilities are in place for the sample storage (refrigerators and freezers) and security measures have been developed for adequate isolation of the CT lab. Screening and receiving have been developed with the inclusion of a biosafety cabinet, X-ray equipment, FTIR, and radiation detection. A few of the staff have been trained with these devices with plans for additional cross-training. Appropriate supplies and equipment have been obtained for the heavy metal and the cyanide analysis. A Safety Officer is requested to ensure worker safety, appropriate Bio-Safety Level (BSL) conditions for working with clinical specimens, staffing and training of personnel. A Quality Assurance Officer is requested for regulatory compliance and quality control and assurance oversight.
Barriers:	The Safety Officer and Quality Assurance Officer have not been hired.
Evaluation Plan:	Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. The combination of CT and BT in the current facility and the new facility under construction will provide additional opportunities for evaluation of receiving and facility operation. Safety Officer and Quality Assurance Officer hired.
Evaluation Progress:	We successfully completed the LRN "Pop" PT Exercise which mimics the expected sequence of an actual CT laboratory response.

14A::CT4: Maintain one Ph.D. chemist, or an individual with equivalent experience (M.S. with 5 years experience), and multiple laboratory support personnel.

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	less than 25%
Grantee Activity Id:	60134
Grantee Activity:	The ISDH Lab plans to hire a Ph.D. chemist, and maintain multiple laboratory support personnel.
Grantee Activity Progress:	The current status is a staff composed of a BT/CT coordinator, two experienced chemists, and approximately 10-12 backup staff that are under the management and supervision of the Lab Director who is an MD and a PhD Biochemist. A Ph.D. Scientist (Chemist/Clinical Toxicologist) is requested to develop and interpret the methods and serve as technical supervisor. We are currently re-posting positions for additional staff which would include a supervisory PhD. A higher pay grade position is being requested to attract the Ph.D.
Barriers:	The Ph.D. level scientist position has not been filled.
Evaluation Plan:	After positions are posted at salary levels that should attract the recommended staffing, a reevaluation of staffing will be made.
Evaluation Progress:	The Ph.D. level scientist position has been created and posted as well as two bench positions.

14A::CT5: Procure and maintain the following equipment: ICP-MS, GC-MSD

Est. Completion Date:	08/30/2006
Activity Status:	In Progress
Percent Complete:	25% - 50%
Grantee Activity Id:	60136
Grantee Activity:	The ISDH CT Lab will procure and maintain equipment, including: ICP-MS, GC-MSD, API 4000 (ABS), HPLC 1100, Rapid Trace 5 Module Workstation, TurboVap LV Workstation and a Chromia Speciation Kit.
Grantee Activity Progress:	ISDH has been certified for heavy metals and is currently performing proficiency testing and method validation for cyanide. Upon receipt and installation of the LC/MSMS for nerve agents and the HPLC/speciation kit for metals we will begin method validation and perform proficiency testing as it becomes available on the LRN-C site.
Evaluation Plan:	Appropriate drills and exercises will be developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs.
Evaluation Progress:	The appropriate drills and exercises have not yet been developed to test the laboratory's ability to meet critical task requirements, demonstrate competency, evaluate surge capacity, and identify unmet needs. The following equipment: API 4000 (ABS), HPLC 1100, Rapid Trace 5 Module Workstation, TurboVap LV Workstation and a Chromia Speciation Kit have been procured. Installation is scheduled for later this year in our new laboratory building.

Pan Flu

Pandemic Influenza

Outcome 15A: Pandemic Influenza

15A::CT1: Conduct a Pandemic Influenza Preparedness Summit to facilitate community-wide planning efforts throughout the recipient jurisdiction. Note that the Summits currently being convened by the respective Governors and the Secretary of the United States Department of Health and Human Services (HHS) satisfy this requirement. If a recipient has already held a summit with HHS, an additional summit is not required. The costs of the summits held prior to the official notice of award for funds can be charged to the supplemental allocation.

Est. Completion Date:	03/23/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	76519
Grantee Activity:	The Governor of Indiana, the Indiana Department of Homeland Security, and the Indiana State Department of Health hosted a Statewide Pandemic Influenza Preparedness Summit on March 23, 2006, at Purdue University. The summit brought together more than 400 leaders from the public and private sector in public health, healthcare, public safety, business, education, human services and other sectors.
Grantee Activity Progress:	The Governor of Indiana, the Indiana Department of Homeland Security, and the Indiana State Department of Health hosted a Statewide Pandemic Influenza Preparedness Summit on March 23, 2006, at Purdue University. The summit brought together more than 400 leaders from the public and private sector in public health, healthcare, public safety, business, education, human services and other sectors.
Barriers:	This was a joint funded endeavor between the Indiana Governor's Office, the Indiana Department of Homeland Security, and the Indiana State Department of Health. Although we were part of the coordination of this Summit, we were not the point of contact with the vendor hosting the conference. As a result there has been some difficulty in working through the logistical and payment issues associated with this summit. No claims have been submitted at this time.
Evaluation Progress:	Evaluation plan was not a requirement of the application. Activity is 100% complete. The state summit was followed by contact with community and business leaders including elected officials in attendance. Additional local summits were requested across the state. The ISDH developed a tool kit and provided those resources to 94 local health departments for presentation of local summits to mirror the state summit. To date, 263 local meetings have been held with more than 9,000 in attendance. Four additional meetings are scheduled. Additional meetings are desired and requested. Local education and information has been identified as a primary gap. Pan Flu 2 funds will be dedicated to continuing this activity.

15A::CT2: Exercise the state/territory-level pandemic influenza preparedness plan and prepare an After-Action Report (AAR) highlighting necessary corrective actions. (Los Angeles County, New York City, Chicago and the District of Columbia should exercise and prepare an AAR regarding their respective municipal-level plans). Note that this information will be pertinent to the performance-based allocation later this year of the \$250 million remaining in the emergency supplemental appropriation for state and local pandemic influenza preparedness.

Est. Completion Date:	08/30/2006
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Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	76520
Grantee Activity:	The ISDH and its various partners have exercised components of the state's pandemic influenza plan and/or planning no fewer than eight (8) times. These exercises have been local or district (regional) exercises that test both local pandemic influenza plans and planning through local agency participation, and the state's plan and planning through state agency participation. On each occasion the ISDH participated in or conducted an AAR of the exercise on the same day. Three (3) of these exercises were conducted by a vendor who provided an immediate oral AAR review as part of the exercise, and were not followed with a written AAR report. With the exception of the most recent exercise, the remaining exercises were followed by a written AAR report well within the CDC target of sixty (60) days. The most recent exercise occurred on March 30, 2006. The ISDH is preparing a draft AAR report of that exercise, and anticipates that it will be completed on or before Friday, April 14, 2006, well within the CDC target of sixty (60) days. The ISDH is currently planning a statewide tabletop pandemic influenza exercise for April 26, 2006. This exercise will test both the state and local plans and/or planning. A written AAR report will be completed within sixty (60) days of the exercise as required by the CDC. The local health departments within Indiana Homeland Security District 1 are currently planning a district tabletop pandemic influenza exercise for May 18, 2006. The ISDH will participate to test the state plan and/or planning as part of this exercise, and will prepare an AAR report within sixty (60) days of the exercise as required by the CDC. The ISDH is planning 10 additional district level exercises that will test the state and all local health department pandemic influenza plans prior to August 30, 2006.
Grantee Activity Progress:	The ISDH completed a state pandemic influenza exercise and a multi-state pandemic influenza exercise. All 94 local health departments have completed pandemic influenza exercises in 10 district tabletop scenarios. All exercises have been followed by an After Action Review and AAR report.
Barriers:	No barriers were encountered with this activity.
Evaluation Progress:	Evaluation plan was not a requirement of the application. Project is being evaluated by review of AARs and progress reports submitted by vendors, and through participation in exercises and activities.

15A::CT3: Update, as necessary, the assessment submitted with the application. In addition, States and Territories must compile and analyze local-level assessment resulting from the use of the Local Pandemic Influenza Assessment Tool in Attachment 4. Note that this information will be pertinent in receipt of performance-based allocations later this year of the \$250 million remaining in the emergency supplemental appropriation for State and Local pandemic influenza preparedness.

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	76521
Grantee Activity:	The ISDH is submitting the state self assessment with its grant application. The ISDH has prepared and is submitting a gap analysis with its grant application. The ISDH will update the state's self assessment as work supported by this grant progresses to close the state's gaps and enhance its preparedness. The ISDH has distributed the CDC local assessment tool to all 94 local health departments in Indiana with a request that the local health departments prepare the assessment for submission to the state and to the CDC on or before August 30, 2006. The ISDH will utilize ISDH staff to assist local health departments prepare the assessment. The ISDH proposes to use Pan flu Supplemental funding to support consultants to prepare and/or assist local health departments in preparing a detailed gap analysis with strategies for closing gaps in their local pandemic influenza plans and planning. The ISDH proposes to further use Pan flu Supplemental funding to support a consultant to

	prepare and/or assist local health departments in preparing or refining local pandemic influenza plans. The ISDH proposes to use Pan flu Supplemental funding to support a consultant to conduct district exercises involving all 94 local health departments and local health department pandemic influenza plans and planning. The ISDH proposes to use Pan flu Supplemental funding to provide financial assistance to each of Indiana's 94 local health departments to enable them to purchase products or services to further assist in building plans and capacity for a pandemic influenza response. Such assistance will be conditioned upon goods or services closing local gaps as identified in the local assessments.
Grantee Activity Progress:	Local Self-Assessments for all 94 Counties were completed and submitted to ISDH for completion of the Gap analysis project. All 94 were submitted to the vendor identified to complete formal Gap Analysis and submitted to ISDH by 08/30/06. The ISDH, Public Health Preparedness and Emergency Response Business Manager has uploaded copies of all Local Level Assessments into the MIS "Grant Management - Miscellaneous Attachments" section, organized by Indiana's 10 Homeland Security districts. In addition a copy of the State Self-assessment and Gap Analysis were also uploaded into the aforementioned area of the MIS. The Purdue Homeland Security Institute contract, for completion of the Pandemic Influenza tabletop exercises for all 10 of Indiana's homeland security district's, was fully executed, and all exercises complete as of 08/24/06. Counties throughout Indiana have been completing Local level summits/townhall meetings on Pandemic Influenza preparedness for public education purposes, presenting information to local government, business partners, collaborating preparedness personnel, faith based organizations, as well the general public. Funds for completion of local summits are being disbursed as claims are received from Local Health Departments, to cover the costs of educational materials distributed during those meetings, and with adequate documentation to ensure levels of participation during each presentation. 100% of identified Local Health Department funding for completion of the Local Self-assessment and to initiate further planning and preparation for filling identified preparedness gaps has been disbursed. These funds must be used by the LHDs to purchase materials and resources needed to plan for local response to the pandemic. Dr. Bailey's contract has been fully executed. He has developed a template for the Local Health Departments (LHDs) throughout the state to use in preparing the Pandemic Influenza chapters of their Emergency Response all-hazards operational plans. He has traveled throughout the state to present this template to LHDs in each of the 10 districts, has been assisting LHDs in completing their draft plans, and is currently assessing the level of plan completion within each district. Eighty-seven of 94 local health departments have pandemic influenza plans utilizing this template or another planning document. The remaining seven are in the process of developing written plans.
Barriers:	No barriers were encountered with this activity.
Evaluation Progress:	Evaluation plan was not a requirement of the application. Project is being evaluated by review of AARs and progress reports submitted by vendors, and through participation in exercises and activities. Consultant supporting local pan flu planning met daily with ISDH program staff. ISDH conducted site visits with vendor preparing gap analysis, and received a mid-project briefing.

15A::CT4: Initiate and catalyze the development and exercising of pandemic influenza preparedness plans for local communities within the recipient jurisdiction. Public health authorities should enlist representatives of all major sectors of the respective communities to this end. (A single community-wide plan will suffice for Los Angeles County, New York City, Chicago, and the District of Columbia).

Est. Completion Date:	08/30/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	76522
Grantee Activity:	The ISDH is currently planning a statewide tabletop pandemic influenza exercise for April 26, 2006. This exercise will test both the state and local plans and/or planning. The local health departments within Indiana Homeland Security District 1 are currently planning a district tabletop pandemic influenza exercise for May 18, 2006. The ISDH proposes to use Pan flu Supplemental funding to support a consultant to prepare and/or assist local health departments in preparing or refining local pandemic influenza plans. The ISDH proposes to use Pan flu Supplemental

	funding to support a consultant to conduct district exercises involving all 94 local health departments and local health department pandemic influenza plans and planning. The ISDH is planning 10 additional district level exercises that will test the state and all local health department pandemic influenza plans prior to August 30, 2006.
Grantee Activity Progress:	The state and multi-state exercises were completed as scheduled. The Purdue Homeland Security Institute contract, for completion of the Pandemic Influenza tabletop exercises for all 10 of Indiana's homeland security district's, was fully executed, and all exercises complete as of 08/24/06. All exercises have AARs. Dr. Bailey's contract has been fully executed. He has developed a template for the Local Health Departments (LHDs) throughout the state to use in preparing the Pandemic Influenza chapters of their Emergency Response all-hazards operational plans. He has traveled throughout the state to present this template to LHDs in each of the 10 districts, has been assisting LHDs in completing their draft plans. All 94 local health departments have pandemic influenza plans.
Barriers:	No barriers were encountered in this activity.
Evaluation Progress:	Evaluation plan was not a requirement of the application. Project is being evaluated by review of AARs and progress reports submitted by vendors, and through participation in exercises and activities.

15A::CT5: Determine whether to purchase antiviral drugs in concert with HHS and, if so, report to the CDC Project Officer by July 1, 2006, the number of treatment courses that the recipient wishes to acquire in this manner. Note that most or all of the recipient's purchase will be eligible for a 25% subsidy by HHS.

Est. Completion Date:	08/01/2006
Activity Status:	Completed
Percent Complete:	100%
Grantee Activity Id:	76523
Grantee Activity:	The ISDH is consulting with an internal Pandemic Influenza Planning Committee convened by the State Health Commissioner to determine whether to purchase antiviral drugs in concert with HHS and at what amount. The ISDH will report its decision to Indiana's CDC project officer on or before July 1, 2006.
Grantee Activity Progress:	Indiana did decide to participate in the HHS Anti-Viral purchase program. As required, our letter of intent was generated identifying our Entity Authorizing Agent, Ordering Officer, and Alternative Ordering Officer. It also identified Indiana's intent to purchase 585,821 doses of TamiFlu, and 65,091 doses of Relenza at the subsidized rate. This letter was mailed to Ms. Rose Mary Mann on July 21, 2006, and an email confirming receipt of our letter was received from Ms. Mann on 07/27/06. A copy of this letter was also emailed to Mr. John Scott, and Mr. Keesler King on 07/21/06, which was acknowledged by an email from Mr. King the same day.
Barriers:	No barriers were encountered with this activity.
Evaluation Progress:	Evaluation plan was not a requirement of the application. Activity is 100% complete. CDC accepted submission without further requirements.

15A::CT6: Identify loci throughout the jurisdiction in which the recipient plans to pre-position antiviral drugs if an influenza pandemic were judged imminent – e.g., hospitals, skilled nursing facilities, community health centers, and pharmacies. Note that antiviral drugs will be most effective if used promptly to treat victims of an influenza pandemic and thus need to be pre-positioned at or near healthcare sites at some appropriate time before the onset of the pandemic.

Est. Completion Date:	08/30/2006
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	viral distribution plan.
Barriers:	Uncertainty created by changing direction and delayed negotiations with vendor regarding availability of antivirals have delayed partnerships to establish sites for pre-positioning antivirals within state. Need additional guidance and standards regarding pre-positioning, storage requirements, security requirements, and distribution.
Evaluation Progress:	Evaluation plan was not a requirement of the application.